

Report of the Medical Officer of Health for 1972

Lukis House,
Grange,
Guernsey.
August 1973.

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1972.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE, M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H.,

Medical Officer of Health.

The President,
Board of Health,
Guernsey.

LIST OF CONTENTS

	<i>page</i>
Members of the Board of Health	3
Members of Staff, Public Health Department	4
Introduction	5
Geographical and Meteorological Statistics	6
Wind	7
Vital Statistics—1972—Summary	8
General Health	9
Population Statistics	11
Mortality	12
Principal Causes of Death	14
Cremations	17
Notifiable Infectious Diseases	17
The Sexually Transmitted Diseases	17
Accidental Poisoning of Children	18
Health Visiting	20
Report of the Chief Public Health Inspector	20
Finance	29
Annual Health Report—Alderney	30
Guernsey Education Council—School Medical Services	54
—School Dental Service	62
Appendices:	
Appendix	
I—Population, Births and Deaths 1948-1972	31
II—Population by Age Groups	32
III—Deaths by Age Groups and Causes	33
IV—Deaths by Age Groups—Summary	42
V—Infant Deaths	44
VI—Cancer Mortality	45
VIII—Health Visitors Statistics	46
IX—Special Treatment Clinic—Male	47
X—Special Treatment Clinic—Female	49
XI—Non-Resident Death Occurrences	50
XII—Accidents, Poisonings and Violence	52

MEMBERS OF THE BOARD OF HEALTH

Conseiller A. N. Grut, President.

Deputy W. G. Wheadon, Vice-President.

Deputy Miss E. Ferbrache, S.R.N., S.C.M.

Deputy L. A. Mahy.

Deputy F. Le Poidevin.

Deputy Mrs. I. Pouteaux.

Deputy J. A. C. de Garis.

G. H. A. Simmons, F.R.C.S.

A. B. Seth-Smith, F.R.C.S.—to 30.4.72

J. R. Dickson, F.R.C.S.—from 1.5.72

Secretary and Hospital Administrator—Mr. J. W. Sarre.

MEMBERS OF STAFF

<i>Public Health Department</i>		<i>Date of commencement of service with Dept.</i>
WHITE, Dr. C. G.	M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H. Medical Officer of Health	15.11.62
WITHERICK, Dr. Elizabeth H.	M.B., B.Ch., (Wales), Deputy Medical Officer of Health	24. 4.69
CAIN, Mr. H. J.	Administrative Assistant to Public Health Dept.	1. 8.70
<i>Health Inspectors</i>		
BALL, Mr. J.	M.R.S.H., M.A.P.H.I. Chief Public Health Inspector	1. 9.64
BAIRDS, Mr. J. M.	M.R.S.H., M.A.P.H.I. Public Health Inspector	14. 3.66
EDWARDS, Mr. S. R.	A.A.P.H.I. Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	A.A.P.H.I. Assistant Sanitary Inspector	15. 1.46
WILTSHIRE, Mr. S. B. W.	M.A.P.H.I. Public Health Inspector	1.2.71
<i>Health Visitors</i>		
HORKAN, Mrs. M.	S.R.N., R.F.N., S.C.M. H.V.Cert.	1. 5.57
JOHNSTON, Mrs. I. A. R.	R.S.C.N., R.G.N., S.C.M. H.V.Cert.	18. 2.63
SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert.	7. 2.66
RENIER, Miss H. M.	S.R.N., S.C.M., H.V.Cert.	1. 4.70
LANGLOIS, Mrs. M.	N.N., N.S.C.N., S.R.N., S.C.M., H.V.Cert.	15.3.71 and previously from 22.2.65 to Sept. 1969
GREEN, Mrs. M.	S.R.N., S.C.M., H.V.Cert.	13.11.72
<i>School Nurses</i>		
SMITH, Mrs. S.	S.R.N.	14.2.72
ROLAND, Mrs. J.	S.R.N., S.C.M.	1.3.72

INTRODUCTION

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown, are sufficient proof of this.

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 25.1 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

1972

Sunshine:

Guernsey—L'Ancrese	...	1793.4 total hours	Average (7 years)	1879.6
—Airport	... ..	1626.9 total hours	Average (50 years)	1852.4
British Isles—highest total				
Ventnor	... ..	1843.7 total hours		
Sunless days—Guernsey	...	65	Average (50 years)	59

Rainfall:

Total inches 1972	... ..	37.20	Average (50 years)	35.88
Rain days 1972	... ..	186	Average (50 years)	184

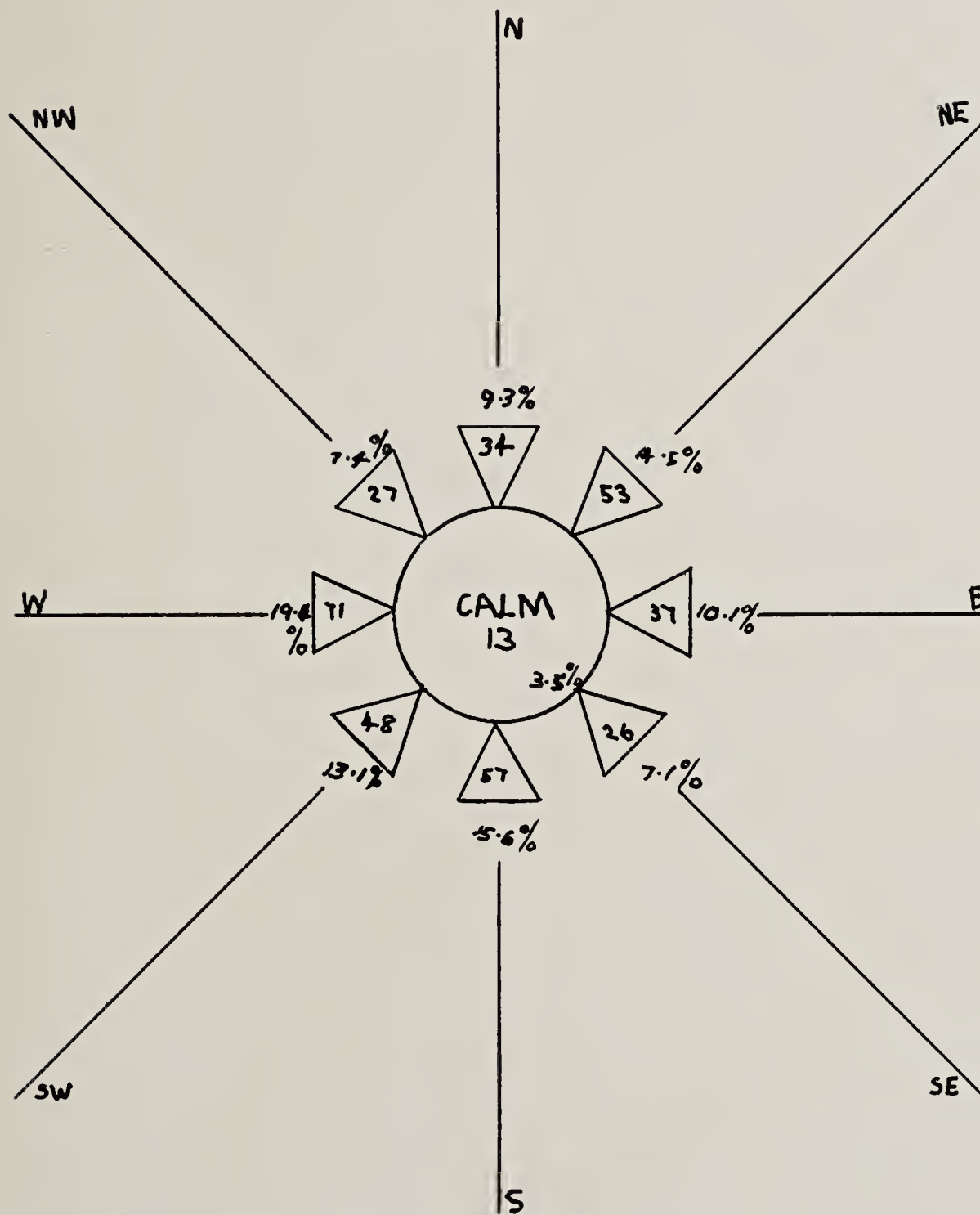
Temperature:

						°C.	°F.
Yearly mean	...	...	...	...	...	9.9	49.8
Average 50 years	...	...	...	...	...	10.7	51.2
Mean daily range	...	...	...	...	...	4.9	8.8
Average 50 years	...	...	...	...	...	4.8	8.7

Wind:

	Calm	N	NE	E	SE	S	SW	W	NW
Days in the year	13	34	53	37	26	57	48	71	27

WIND - Days in year within the triangles
 Percentages outside the triangles



Vital Statistics—Guernsey only—1972

Population estimate—mid-year—residents	...	...	...	49972
Area	...	...	...	16062 acres
Population density —————	...	...	...	3.111 per acre
16062				

	Number **	Deaths (total)	576	per 1000	resident	population	Crude	Rate 1972	Rate 1971	Mean of 5 years 1967-1971	Highest in 5 years 1967-1971	Lowest in 5 years 1967-1971	England (& Wales) Rate 1972 where available	England (& Wales) Rate 1971	England (& Wales) Mean of past five published figures
							‡ Corrected								
Deaths (total)			576					11.53	13.08	13.04	14.20	11.46	12.1†	11.6	11.7
Cancer mortality (all forms)	131							9.91 but see narrative							
Lung cancer mortality	37				"			2.62	3.02	2.53	3.02	1.86		2.4†	2.3
Tuberculosis mortality	1				"			0.74	0.79	0.54	0.79	0.41		0.63	0.61
Live births (legitimate and illegitimate)	790				"			0.02	0.08	0.03	0.08	0.00		0.03	0.04
Live births (illegitimate only)	66				"			15.81	15.55	16.42	17.91	15.55	14.7†	16.0	16.5
Stillbirths	7				"	live births		83.54	88.54	89.87	103.90	78.50		84.0	84.0
Infant mortality (deaths in first year of life)	14				"	births (live and still)		8.78	15.38	13.60	21.14	8.74	12.16†	12.50	13.5
Neonatal mortality (deaths in first month of life)	9				"	five births		17.72	13.02	19.18	28.34	13.02	17.29†	17.5	17.9
Early neonatal mortality (deaths of infants under one week)	7				"	live births		11.39	10.42	13.72	21.59	10.42		11.6	12.2
Perinatal mortality (stillbirths & deaths of infants under one week)	14				"	live births		8.86	9.11	13.46	21.59	9.11		*	*
Maternal mortality	0				"	births (live and still)		17.57	24.36	26.85	42.27	21.22		22.3	23.5
					"	births (live and still)		0.00	0.00	0.268	1.34	0.00		0.17	0.20

** Whereas in previous years the figure of total deaths published was the total of all death occurrences, with effect 1972 only death occurrences of Guernsey residents are shown. For details of non-resident death occurrences see APPENDIX XI.

* not available.

† provisional.

‡ the correction is related to the particular age and sex distribution of the Island. the comparability factor is not yet available—see note to APPENDIX I.

“Change is not made without inconvenience
—even from worse to better.”

att. Richard Hooker
(1554-1600)

General

After the drought of the preceding year, 1972 gained a reputation for the disappointing summer weather which, to many, seemed to vent its spite particularly at weekends.

By other measures it was not so very different from the preceding year. There were more live births (790 cf 768) and fewer deaths (576 cf 646) and so the natural increase in the population was markedly greater (214 cf 122). Infant mortality was slightly greater in 1972 than in 1971 (14 cf 10) although perinatal deaths were markedly reduced (from 19 to 14) chiefly by reason of a reduction in the number of still births (from 12 to 7).

The general pattern of mortality remained much the same in 1972 as it was seen to be in 1971. Deaths from all forms of cancer fell from 149 in 1971 to 131 in 1972, although deaths from cancer of the lung were only slightly reduced—from 39 to 37. The 1971 figure of 39 was the highest ever recorded, so it is disappointing to see so little change, particularly as the number of women certified as dying from lung cancer in 1972 was twice that in 1971.

Diseases of the heart and circulation caused just over half the total of deaths of both males and females, but, as will be seen later in the more detailed section on mortality and from Appendix III, males succumbed at earlier ages than the majority of women. This repeats the pattern of 1971—and earlier years. Indeed, an examination of Appendix IV, which summarises the more detailed analysis of Appendix III, shows the similarities in the numbers of deaths from the various categories of disease to be more striking than the differences between the two years.

In 1971 the Food and Drugs (Guernsey) Law 1970 came into effect and this was undoubtedly the most important instrument of public health legislation in that year. Although new powers were granted, most already existed and had their origins in various Ordinances, some of which dated from the end of last century. In 1972 the Board of Health laid aside powers held for many years in relation to compulsory vaccination against smallpox and compulsory immunisation against diphtheria. These actions are even now imperfectly understood, many people—doctors among them—claiming to prefer the perpetuation of compulsion in the name of the public good.

The decision to abandon mandatory powers compelling the vaccination of infants against smallpox followed a similar decision taken in the United Kingdom and since repeated in many countries in the world. The fact of the matter is simply stated; due to the continuing success of the World Health Organisation campaign to eliminate smallpox from the world, the risk to health (and even life itself) became greater from infant smallpox vaccination than the risk to either from smallpox. To retain powers compelling the routine vaccination of infants in the light of this knowledge would clearly have been indefensible; thus the vaccination law was repealed.

The case for abandoning the compulsory immunisation of children against diphtheria is quite a different matter. Here the risk to infant health from the procedure of immunisation is totally insignificant by comparison with the risk from diphtheria itself. Indeed, the maintenance of a high level of protection from diphtheria, by means of routine immunisation, is of the first importance. Parents may, perhaps, no longer be compelled to have their children protected against diphtheria, but they are to be encouraged by all possible means to continue to do so. The powers of compulsion were relinquished not because diphtheria can be discounted as a risk—far from it—but because it was found impossible to frame a workable law confined to diphtheria protection alone.

The preferred immunising agents available are not so specific that any compulsion applied to diphtheria immunisation would not, ipso facto, extend to one other—and more commonly, two other—immunisation procedures. The Board did not seek to extend compulsion in this way, although anxious to maintain a high level of protection against diphtheria itself. Unfortunately, the only single agents protecting against diphtheria alone entailed considerations which could not commend them for acceptance for compulsory immunisation. It was thus that the law to compel diphtheria immunisation came to be repealed, but so important is it to maintain a high level of protection against diphtheria that the Board continues to provide the vaccine free of charge. The intention is that no parents should claim expense a bar to the protection of their children against diphtheria.

Two months later the Board was empowered to provide, free of charge to parents requesting it, immunisation against German measles for young girls. The tragedies of malformations following the occurrence of German measles in the early months of pregnancy are well enough known. For a very modest sum the means to reduce, even eliminate this risk, can be provided free to any parents requesting it for their daughters. Some parents prefer to arrange this immunisation through their family doctors. The Education Council has agreed that these injections can be given through the agency of the School Medical Services and to that Council I extend my personal thanks for this facility. Immunisations began in the Michaelmas Term of 1972 and by the year's end over 300 girls had been immunised through the School Medical Services alone.

During the year the post of Health Visitor/School Nurse was abolished and two ladies were appointed to share the responsibilities of School Nurse. We welcome Mrs. S. Smith S.R.N. and Mrs. J. Roland S.R.N., S.C.M. to these new posts, confident that their cheerful enthusiasm and willing application will ensure success and rewarding enjoyment in their newly chosen field of preventive medicine.

We also welcome Mrs. M. Green S.R.N., S.C.M., H.V.Cert. appointed to one of the two vacant Health Visitor posts towards the year's end. We hope that she, too, will find her work in Guernsey worthwhile and rewarding.

It was with great sorrow that we learned in March of the untimely death of Miss K. I. M. Coughlan, Senior Clerk in the Health Department's General Office. She had not been with the Department for very long before absence was forced upon her by an uncompromising illness, but during her service here she became universally respected for her quiet kindness and unfailing courtesy. She left us far too soon and is sincerely missed even yet.

Population Statistics

The estimated mid-year resident population for Guernsey, Herm and Jethou for 1972 is 49,972 being 24,024 males and 25,948 females.

During 1972 there were 790 live births and 576 deaths, giving a natural increase of 214. The mean of the annual natural increase for the five years 1967-71 is 156.

Births

(Figures in brackets refer to 1971)

In 1972 there were 790 (768) live births giving a rate of 15.81 (15.55) per 1,000 population. The mean of the rate for the preceding five years is 16.42. The provisional rate for England and Wales in 1972 is published as 14.7 and the mean of the last five published figures (England and Wales) is 16.5 per 1,000 population.

There were 66 (68) illegitimate live births, giving a rate of 83.54 (88.54) per 1,000 live births. The mean of this rate for the preceding 5 years is 89.87. The rate for England and Wales for 1972 is not yet available but for 1971 it was 84.0 and the mean of the last five published figures is 84.0 per 1,000 live births.

Seven (12) stillbirths are recorded in 1972 giving a rate of 8.78 (15.38) per 1,000 births (both live and still). The mean of the last five years is 13.6 per 1,000 total births and the provisional rate for England and Wales is 12.16 with a five-year mean of 13.5.

Marriages

There were fewer marriages recorded in 1972 than the average in recent years. 437 marriages were registered, giving a rate of 8.74 per 1,000 population as against the five-year average of 9.36 per 1,000 population.

Deaths

(Figures in brackets refer to 1971)

This year deaths occurring in the Island to visitors and non-residents have been extracted and are tabulated separately. There were 37 such deaths in 1972 out of a total of 613: thus there were 576 deaths occurring among the resident community. Proportions of total deaths are expressed as proportions of 576, not of the greater number which includes non-residents.

These 576 deaths give a crude death rate of 11.53 per 1,000 resident population. The provisional crude rate for England and Wales is published as 12.1 (11.6) per 1,000 population in 1972 and the mean of the last five published figures 11.7 per 1,000 population. The rates for Guernsey for 1971 (and the mean of 1967—71 inclusive) are 13.08 and 13.04 respectively but these are not strictly comparable with the rate quoted for 1972 for the reason given in the first paragraph to this section. It is intended to continue to use the 'resident mortality' figure in future years as giving a clearer indication of the mortality experience of the community, uncluttered by the age and state of health of non-residents.

A comparability factor is not yet available for Guernsey, the calculation requiring demographic details for census year (1971) and for the year before and the year following census year. Using the previously calculated comparability factor of 0.86 the adjusted or corrected death rate can be expressed as 9.92 per 1,000 resident population, but this figure should be treated with reserve in the absence of an up-dated comparability factor.

Infant Deaths

There were 14 (10) deaths of infants in the first year of life giving a rate of 17.72 (13.02) per 1,000 live births. The mean of this rate for the years 1967-71 is 19.18 and during this period the highest was 28.34 and the lowest 13.02 per 1,000 live births. The provisional figure for England and Wales is given as 17.29 and the mean of the last five published figures is 17.9 per 1,000 live births.

Neonatal Deaths

Of the 14 neonatal deaths 9 (8) occurred in the first four weeks of life and of these 7 (7) occurred in the first seven days of life. These give a neonatal death rate of 11.39 (10.42) and an early neonatal death rate of 8.86 (9.11) per thousand live births. The five-year means of these rates are 13.72 (neonatal) and 13.46 (early neonatal). Figures for England and Wales have not yet been published.

Perinatal Mortality

Perinatal deaths = stillbirths + early neonatal deaths. There were thus 14 (19) perinatal deaths giving a perinatal death rate of 17.57 (24.36) per 1,000 total births (both live and still). The mean of this rate for the past five years is 26.85 and during this period the highest rate occurring was 42.27 and the lowest 21.22 per 1,000 total births. The rate for England and Wales in 1972 is not yet available: in 1971 the England and Wales rate was 22.3 and the mean of the past five published figures is 23.5 perinatal deaths per 1,000 total births.

Maternal Deaths

There were no maternal deaths in 1972 for the fourth year running.

Mortality Experience

The pattern of mortality experience is essentially similar to that observed in 1971. Four fifths of all deaths are due to the three principal groups of diseases, of which Group VII (Diseases of the Heart and Circulation) account for more than half of all deaths.

Mortality experience 1972.

(Figures in brackets refer to 1971)

	<i>No. of deaths</i>	<i>% of all deaths</i>
Group II Malignant Diseases ...	131 (149)	22.7% (23.1%)
Group VII Circulatory Diseases ...	298 (333)	51.7% (51.6%)
Group VIII Respiratory Diseases ...	58 (61)	10.1% (9.4%)
Total of these Groups ...	<u>487 (543)</u>	<u>84.6% (84.1%)</u>

The pattern of mortality experience from these three diseases differs somewhat between the sexes. This can best be demonstrated by examining the two age groups 45-64 years and 65-74 years. Whereas 63% of all male deaths occurred before age 75, 60% of females survived to age 75 before death. In these two age groups comprising the thirty years between 45 and 74 years old, occurred 56% of all male deaths and 34% of all female deaths. In other words, while at first sight the selection of these three disease groups and but two age groups may seem an incomplete dissection, the differing mortality experience of the sexes is, in fact, sufficiently displayed.

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Age group	M or F	All deaths in age group	(c) as % All deaths at all ages	Deaths due to Groups II, VII & VIII No.	(e) as % of (c)	(e) as % all deaths, all ages
45-64	M	67	22.5%	62	92.5%	20.8%
"	F	44	15.8%	37	84.1%	13.3%
65-74	M	101	33.9%	90	89.1%	30.2%
"	F	50	18.0%	42	84.0%	15.1%

The contribution of each group of diseases can best be seen below:

(a)	(b)	(c)	(d)	(e)	(f)
Age group	M or F	All deaths in age group	Group II Deaths and % of (c)	Group VII Deaths and % of (c)	Group VIII Deaths and % of (c)
45-64	M	67	24 (36%)	34 (51%)	4 (6%)
"	F	44	14 (32%)	19 (43%)	4 (9%)
65-74	M	101	28 (28%)	50 (49%)	12 (12%)
"	F	50	11 (22%)	27 (54%)	4 (8%)

If the deaths due to these three groups of diseases occurring in the two age groups are now expressed as proportions of all deaths at all ages (male or female) the following table is constructed:

(a)	(b)	(c)	(d)	(e)	(f)
Age group	M or F	All deaths at all ages (M or F)	Group II	Group VII	Group VIII
45-64	M	298	24 (8.1%)	34 (11.4%)	4 (1.3%)
"	F	278	14 (5.0%)	19 (6.8%)	4 (1.4%)
65-74	M	298	28 (9.4%)	50 (16.8%)	12 (4.0%)
"	F	278	11 (4.0%)	27 (9.7%)	4 (1.4%)

Now examining each disease group separately, these differences can be examined in greater detail.

Group II (Malignant Diseases) 1972

Age group	Male deaths		Female deaths		Totals
25-44	1 (1.4%)		5 (8.8%)		6 (4.6%)
45-64	24 (32.4%)	} 52 (70.3%)	14 (24.5%)	} 25 (43.9%)	38 (29.0%)
65-74	28 (37.8%)		11 (19.3%)		39 (29.8%)
75+	21 (28.4%)		27 (47.4%)		48 (36.6%)
Age 25+	74 (100.0%)		57 (100.0%)		131 (100.0%)

(Proportions in brackets are proportions of total cancer deaths).

In the 45-74 year age group 70% of male cancer deaths occur, but only 44% of female cancer deaths. Examination of the detailed analysis of Group II deaths at Appendix III will show a remarkable similarity between the sexes in the numbers of cancer deaths due to particular causes (other than sex-specific sites) with the striking exception of cancer of the lung and air passages. In 1971 Guernsey lung cancer deaths were the highest ever recorded—39 total; 36 male and 3 female. In 1972 there are fewer male lung cancer deaths but twice as many women died from lung cancer as in the previous year—37 total; 31 male and 6 female.

Lung cancer deaths

		MALE			FEMALE	
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Age group	Deaths due to lung cancer	All cancer deaths	$\frac{b \times 100}{c}$	Deaths due to lung cancer	All cancer deaths	$\frac{e \times 100}{f}$
25-44	0	1	0%	0	5	0%
45-64	9	24	37.5%	2	14	14.3%
65-74	15	28	53.6%	0	11	0%
75+	7	21	33.3%	4	27	14.8%
Age 25+	31	74	41.9%	6	57	10.5%

So, although female lung cancer deaths have doubled compared with 1971, males experience five times as much. Furthermore, while only one third of females dying of lung cancer died under age 75 years, 77% of males died before age 75.

Lung cancer experience in England and Wales in recent years suggests that the rate of increase in deaths from lung cancer in males is decelerating slightly, while the female death rate from this cause is accelerating. Both are increasing, but the speeds at which they increase show this difference. This would seem to be reflected in the 1972 records of Guernsey mortality. No explanation is offered why this difference between the sexes should be so; the reflection in Guernsey of trends discernible in England and Wales can probably be explained by a similarity in smoking habits and common sources of tobacco and manufactured tobacco products.

Since 1950 it has been firmly established in England and Wales that lung cancer occurs twelve to fifteen times more frequently among cigarette smokers by com-

parison with non-smokers. There is no valid reason for believing that Guernsey mortality experience is significantly better than this: indeed, Guernsey's lung cancer death rate is among the highest recorded anywhere. It is a sad reflection that the greater number of Guernsey lung cancer deaths were premature—and preventable; indeed, some observers would go further and say that most were self-inflicted.

Group VII (Diseases of the Heart and Circulation) 1972

Here again, the pattern of mortality from Group VII diseases is to the disadvantage of the male. Again, the cigarette claims between ten and twelve times as many victims among smokers as compared with non-smokers succumbing to diseases in this group.

Group VII Circulatory Diseases

Age group	Male deaths		Female deaths		Totals
25-44	3 (1.9%)		0 (0%)		3 (1.0%)
45-64	34 (21.8%)	} 84 (53.9%)	19 (13.4%)	} 56 (39.4%)	53 (17.8%)
65-74	50 (32.1%)		27 (19.0%)		77 (25.8%)
75+	69 (44.2%)		96 (67.6%)		165 (55.4%)
Ages 25+	156 (100.0%)		142 (100.0%)		298 (100.0%)

(Proportions in brackets are proportions of total Group VII diseases)

Once again, two thirds of females survived to age 75 whereas less than half the males achieved this. The significant condition differentiating the sexes in this group of diseases is ischaemic heart disease, that is to say, disease of the heart due to insufficient blood supply to the heart itself. This condition is almost always a consequence of—or at least associated with—hypertension (raised blood pressure). The following table is constructed from Appendix III by extracting deaths due to diseases coded 400 to 412 inclusive.

Codes 400-412 inclusive—male and female mortality at ages

Age group	Male deaths	Female deaths	Totals
25-44	1 (33.3%)	0 (0%)	1
45-64	19 (55.9%)	13 (68.4%)	32
65-74	29 (58.0%)	9 (33.3%)	38
75+	27 (39.1%)	27 (28.1%)	54
Ages 25+	76 (48.7%)	49 (34.5%)	125

(Proportions in brackets are proportions of all Group VII deaths in each age group for each sex).

The difference is immediately apparent and considerable. Let us now look at the contribution each of these coded diseases makes to the mortality of each sex in the several age groups.

Code number of disease (see Appendix III)

Age group	400		401		402		410		411		412		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
25-44	—	—	—	—	—	—	1	—	—	—	—	—	1	—
45-64	1	—	1	2	2	4	10	3	—	—	5	4	19	13
65-74	1	—	2	1	3	2	9	1	1	—	13	5	29	9
75+	—	—	1	2	1	2	9	5	—	—	16	18	27	27
Age 25+	2	—	4	5	6	8	29	9	1	—	34	27	76	49

It is immediately evident that males suffer a very much greater toll from these diseases in the age groups 45-64 and particularly in the next decade 65-74—more than three times the mortality of females in this age group. Of these specific diseases, 410—Acute myocardial infarction—is significantly more lethal to males at all ages above 25 years than to females of the same ages. Indeed, between the ages of 45 and 74 men die nearly five times as often from acute myocardial infarction as compared with women. Taking all ages together men are more than three times as vulnerable as women to this single disease entity. The 29 male deaths from this one condition represent 18.6% of all male deaths from diseases of the heart and circulation, which together account for over half of all male deaths from all causes at all ages.

Sadly the cigarette smoker bears the brunt of this mortality, his death too often coming needlessly—and needlessly soon.

Group VIII (Diseases of the Respiratory System) 1972.

29 males and 29 females were certified as having died from diseases of the respiratory system during 1972 and it can be seen (by reference to Appendix III) that they are commonly the terminal event in the aged, particularly among females. However, it will also be observed that 19 deaths were caused by chronic bronchitis and emphysema (codes 491 and 492). There were 14 male deaths and 5 female deaths due to these causes, representing nearly half the male Group VIII deaths and 17% of female Group VIII deaths. In 1972, of the 14 male deaths due to these causes, no less than 12 occurred before age 74.

Now of all conditions which the cigarette smoker is prone to, chronic bronchitis must be the commonest. So once again we see the pattern of the male cigarette smoker risking preventable disease and premature death—and, all too often, losing the gamble.

Tobacco dependency, particularly cigarette addiction, is now identified as the greatest single agent responsible for preventable disease—and for preventable, premature deaths. The great scourges of the past, the historic epidemics and the remorseless toll of life taken by infections now mercifully uncommon, flourished because of ignorance. It cannot be said that ignorance plays the same part in the toll of health and life exacted by the cigarette. The smoker has the choice: the remedy lies in his own hands—and he alone can administer it.

So much for the greater part of Guernsey's mortality experience in 1972. The whole is analysed by age and sex and by certified cause in Appendix III.

Cremations

There were 217 cremations during 1972, including 4 from elsewhere. In 1971 there were also 217 cremations of which 5 were requested elsewhere and carried out at the Guernsey Crematorium. The net increase of one is significant only because the year's total equals the highest number of elections for cremation so far recorded. Of all deaths occurring in the Island during 1972, including non-residents, more than a third were cremated.

Notifiable Infectious Diseases

Excluding scabies, only eleven cases of notifiable infectious disease were referred to the Health Department during the year. None predominated.

Disease	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Pulmonary T.B.	—	1	—	—	—	—	—	—	—	—	1	1
Scarlatina	—	—	—	2	—	—	—	—	—	—	—	—
Meningitis	—	—	—	—	—	1	—	—	—	1	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	1	2
Gastro-enteritis	—	—	—	—	—	—	—	—	—	—	1	—
Total 11	—	1	—	2	—	1	—	—	—	1	3	3

Admissions to the King Edward VII Hospital

Twenty-two patients were admitted to the King Edward VII Hospital during the year of whom nine were classified as geriatric admissions. Nine cases of pulmonary tuberculosis and four cases of salmonella food poisoning were admitted for isolation and in-patient treatment.

There were nine deaths at this hospital in 1972, all geriatric in-patients. No deaths occurred among isolation cases.

					<i>Admissions</i>	<i>Deaths</i>
Geriatric	...	...	...	...	9	9
P.T.B.	...	...	...	...	9	—
Other T.B.	...	...	...	...	—	—
Salmonella	...	...	...	...	4	—
					—	—
				Total ...	22	9
					—	—

The Sexually Transmitted Diseases

Statistics for the last three years at the male and female Special Treatment Clinics can be compared at Appendices IX and X. Both clinics report increased attendances and increased numbers of new infections, particularly the female clinic (1971 figures in brackets):

1972	<i>Male STC</i>	<i>Female STC</i>
Attendances	+ 5.2% (+ 6.9%)	+ 63.0% (+ 29.6%)
New infections	+ 14.7% (+ 10.8%)	+ 37.9% (+ 31.8%)

Of the new infections among males slightly more than half (54%) were contracted locally, the remainder from elsewhere. 32% of male new infections occurred in persons under the age of 20 years and 52% in the 20-29 year age group. Among female new infections all were contracted locally, 42% under the age of 20 years and 52% in the next ten years.

45% of male new infections were contracted by local persons, 20% among visiting seamen and 35% among imported labour (20% hotel staff; 15% horticultural workers). Of female new infections 22.5% were contracted by local persons and 77.5% by imported labour (50% hotel staff; 27.5% horticultural workers).

Accidental Poisoning of Children

There were 15 fewer instances of accidental poisoning among children in 1972 compared with 1971—a welcome reduction, even if the total of 39 cases should properly be regarded as too many. In 1971 there were as many girls as boys, but in 1972 the more usual pattern is restored and boys involved exceeded girls by a considerable margin (62% : 38%). The same age group is affected, 12 months to 5 years old for both boys and girls. Once again the range of materials swallowed includes unlikely items which indicate the insatiable curiosity of the toddler—and, of course, his lack of discrimination. Nevertheless, tablets and capsules—some indistinguishable from sweets by much older persons—show a marked preponderance, indicating the need for greater care in keeping medicines out of the reach of small children.

23 instances, 59% of all cases, concern medicines of which only 3 were in liquid form. Of the 20 instances involving tablets (18) and capsules (2) four were due to unknown tablets, four more due to aspirin and the remaining twelve to a variety of tranquilizers, sleeping pills, 'tonics', hay fever remedies and of course 'The Pill'. Among the 16 cases due to agents other than medicines paraffin accounts for three and rat poison a further three; apart from deadly nightshade and toadstools the remainder include cleaning materials (bleach 1: scouring powder 1), liniment, petrol and rust remover.

Grown-ups need a lot of imagination to visualise what can seem attractive and desirable to a child's mind, but clearly more imagination is needed in reducing the risk by keeping things out of sight and out of reach—particularly medicines.

Month	1971				1972			
	M	F	Monthly Total	Quarterly Total & to date	M	F	Monthly Total	Quarterly Total & to date
Jan	—	3	3		1	—	1	
Feb	1	2	3		—	—	—	
Mar	1	7	8	14/14	3	1	4	5/5
April	3	2	5		3	2	5	
May	3	2	5		3	2	5	
June	1	2	3	13/27	1	1	2	12/17
July	1	1	2		5	1	6	
Aug	5	2	7		3	2	5	
Sept	7	—	7	16/43	2	2	4	15/32
Oct	2	3	5		1	3	4	
Nov	2	1	3		1	1	2	
Dec	1	2	3	11/54	1	—	1	7/39
Total	27	27	54		24	15	39	

In this connexion the Health Department was very happy to support the initiative of the Rotary Club of Guernsey in their organisation of a 'Drug Dumping Week'. This was planned for the week commencing May 15th 1972 but the response was so encouraging that the arrangements were extended for a further week. Pharmacies and surgeries displayed appropriately labelled boxes where packages and containers could be dumped. At the close of the day these boxes were emptied into sacks by members of the Island Police and the sacks retained overnight in Police safekeeping—where better? Each morning the sacks were delivered to Lukis House where the contents were examined so that appropriate safe destruction could be arranged.

Anything combustible—the major part, in fact—was incinerated. Unburnable empty containers were accepted at the States' rubbish dump and safe burial was supervised by a Health Inspector. Liquids were mostly disposed of perfectly safely via the mains sewage system, although anything unlabelled or of a very dangerous nature was treated separately.

A bewildering variety of tablets, pills, powders, curious liquids and uncertain ointments was surrendered, by far the greater part of which was positively identified before disposal. Clearly a lot of households had made a very thorough spring-cleaning of the family medicine cupboard—and this was the principal aim of the Rotarians. It certainly succeeded. I doubt that they expected that at least one doctor's surgery would take advantage of the scheme, or that containers undoubtedly of Occupation origin would be unearthed. All were accepted and everything safely destroyed. 1,500 containers of various descriptions were received, of which over 1,000 contained pills, tablets or capsules—there must have been several tens of thousands of them of every shape, colour and consistency imaginable—none of which can now ever fall into curious, childish hands. Of the remainder not all were medicines, but all were dangerous to have lying around—unremembered and unwanted.

Many people worked very hard to make this Drug Dumping Week a success and they all deserve much more than the sincere thanks I now publicly extend to them.

Health Visiting

Appendix VIII attempts to summarise the work of the Health Visitors. Some figures have been entered for 1971, but comparisons should only be made with caution. There are two reasons for this: firstly, there were two vacancies on the Health Visitor establishment for all but six weeks of 1972; secondly, from the time that the two newly appointed School Nurses took up their duties during the Easter school term, the work structure of the Health Visitors so changed that only some comparisons with previous years are valid.

What cannot be demonstrated by any table of figures is the wealth of experience and human understanding which each Health Visitor brings to her many and varied tasks.

REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR, FOR THE YEAR 1972

INTRODUCTION

The year 1972 went its course routinely without major incident. A house-to-house survey to determine the quality of fitness and to assess environmental factors, embracing some 200 dwellings in a selected area of St. Peter Port, was commenced during November; collation and assessment of the detailed evidence provided will necessarily take considerable time.

A special investigation was undertaken during the year into unsatisfactory or inadequate private water supplies serving dwellings in rural areas. Appropriate recommendations in the matter of safeguarding the bacterial quality were made where mains supply, the ideal, was deemed impracticable.

Towards the end of the year the Department agreed in principle to accept from the Board of Administration certain administrative responsibilities in the supervision of the States Markets and Slaughterhouse.

STATISTICAL

General

The total number of complaints made formally during the year was 1221 (1078 during 1971). Rodent (rats and mice) complaints in addition totalled 2754 but relevant statistics are referred to in detail under a separate section later in this report.

The following table refers to and includes classified routine and special visits and inspections carried out by Public Health Inspectors in the general category (i.e. excluding food matters).

CLASSIFIED INSPECTIONS AND VISITS—GENERAL

								<i>Total Visits</i>	
								1972	1971
Housing inspections	...	...	...	...	...	...	...	175	110
Housing—revisits	...	...	...	...	...	...	...	171	128
Overcrowding complaints	...	...	...	...	...	...	...	9	9

Drainage—initial visits	...	...	...	...	...	...	...	184	198
Drainage—revisits	...	...	...	...	...	...	...	173	203
Drain tests applied	...	...	...	...	...	...	...	44	61
Drain tests—revisits	...	...	...	...	...	...	...	30	53
Septic tanks	...	...	...	...	...	...	...	20	10
Public sewers	...	...	...	...	...	...	...	39	31
Streams etc.	...	...	...	...	...	...	...	33	36
Public conveniences	...	...	...	...	...	...	...	46	83
Verminous premises—visits	...	...	...	...	...	...	...	56	114
Disinfestations	...	...	...	...	...	...	...	64	111
Atmospheric nuisances	...	...	...	...	...	...	...	73	58
Noise nuisances	...	...	...	...	...	...	...	31	15
Abandoned vehicles	...	...	...	...	...	...	...	6	2
Refuse accumulations	...	...	...	...	...	...	...	69	74
Controlled tips	...	...	...	...	...	...	...	72	79
Infectious disease investigations	...	...	...	...	...	...	...	14	25
Infectious disease other visits	...	...	...	...	...	...	...	13	28
Workplaces	...	...	...	...	...	...	...	4	3
Factories	...	...	...	...	...	...	...	2	3
Schools	...	...	...	...	...	...	...	2	—
Camping sites	...	...	...	...	...	...	...	6	3
Rodent control—visits	...	...	...	...	...	...	...	27	40
Rodent control—revisits	...	...	...	...	...	...	...	13	19
Visits to Herm	...	...	...	...	...	...	...	3	2
Visits to Alderney	...	...	...	...	...	...	...	2	3
Visits to Jethou	...	...	...	...	...	...	...	—	1
Visits with other departments	...	...	...	...	...	...	...	32	38
Miscellaneous visits	...	...	...	...	...	...	...	125	150
Unsuccessful visits (no access)	...	...	...	...	...	...	...	56	63
Plans inspected	...	...	...	...	...	...	...	35	61
Complaints from Parochial Authorities	...	...	...	...	...	...	...	18	13
Derelict structures	...	...	...	...	...	...	...	4	5
I.D.C. investigations	...	...	...	...	...	...	...	5	6
Houses inspected in special housing survey (from 22.11.1972)								121	—

HOUSING

Twenty dwellings were formally closed, comprising:—

Two dwellings of considerable age and in chronic disrepair due to long neglected maintenance over a number of years: one of these dwellings, in a congested area of the town, was bordering on a state of dilapidation and was of no economic value for rehabilitation. After the occupants were rehoused by the States Housing Authority, the dwelling was demolished.

A ‘packing shed’ in occupation as a dwelling; badly arranged, lacking adequate structural thermal insulation, inadequately ventilated, lacking waste water drainage facilities, in gross disrepair and constituting a fire risk, no alternative to formal closure of this ‘dwelling’ justified consideration.

A structure consisting of an ex-Wehrmacht kitchen/mess room abutting an old concrete bunker, unsuitable as a dwelling on account of bad arrangement, dampness, disrepair and inadequate thermal insulation.

A dwelling of astonishingly small dimensions in a narrow town street, in a state of dampness and gross disrepair, lacking all facilities.

An old stone-built cottage in gross external and internal disrepair of long standing, with a badly defective roof.

A packing shed (which had been in occupation as a dwelling for some 38 years) in bad arrangement, damp and in disrepair, poorly insulated and lacking waste water drainage and proper sanitary facilities.

A stone-built structure of considerable age in a structural state certified to be dangerous and likely to endanger human life.

Three terraced cottage dwellings in bad arrangement, damp and in disrepair, with lack of piped internal water supply and means of disposal of waste water, lack of sanitary accommodation within reasonable distance, lack of food storage facilities and having dangerous staircases.

A fourth dwelling in this terrace was in a similar state of unfitness but owner-occupied. The owners chose to vacate it on the evacuation of the tenants of the three aforementioned, all four dwellings being under one ownership.

Two cottages in bad arrangement, with dampness, lack of through ventilation (back-to-back type), lack of internal water supply and drainage or sanitary accommodation within reasonable distance.

A third cottage property in this terrace was not so far unfit as to warrant closing action.

One house in a terraced street in which other properties may be similarly unfit. This three-storied dwelling was found to be in a state of dangerous and gross overall disrepair, with classical sanitary defects of darkness, dampness and lack of ventilation, with badly defective rear addition roof. Sink and means of disposal of waste water, means for storage and preparation of food were found to be lacking. Sanitary accommodation was contained in a small, overshadowed yard with little free air space.

A cottage, in a classical state of unfitness due to continued neglect of maintenance over very many years. The items of disrepair in themselves in aggregate were sufficient for a pronouncement of 'unfit' in respect of this property, although, in addition, the basic facilities of internal water supply, sink and drainage were lacking. The rental charged was under £1 per week which, of course, at current maintenance costs, will not allow repairs expenditure, even to a minor degree, at a reasonable cost if considered in relation to the net annual property income.

A cottage with typical items of unfitness associated with age and lack of maintenance and improvement over a long period of time.

The tenants of an unfit temporary structure having been rehoused by the States Housing Authority, a Closing Notice was served upon the owner to forbid re-occupation of the structure in its present unsatisfactory condition.

A three-storied stone-built dwelling of considerable age, in a congested town area, with narrow frontage, in gross disrepair, in part unstable and structurally dangerous, in part damp, in part dark, with unsatisfactory sanitary convenience, and without satisfactory facilities for the storage, preparation or cooking of food, and lacking all standard amenities. This dwelling in an environmentally unfit

area, is considered beyond redemption in the matter of possible repair and rehabilitation at reasonable expense. It was vacated and the family of seven persons satisfactorily rehoused during December by the States Housing Authority.

A small wing, of a main dwelling in very bad internal arrangement, the roof of which was so badly defective as to render this small dwelling unfit in that respect alone.

A small cottage, one room only of which was deemed habitable, in gross disrepair and infected with active dry rot which rendered the floor of one room extremely dangerous. The cottage, lacking all standard amenities, was liable to serious flooding in heavy rain.

Rehousing of Occupants of Closed Properties

In seventeen cases the displaced tenants were rehoused by or through the States Housing Authority; in one case the tenant was rehoused by the owner-relative, whilst one tenant, refusing States Housing Authority offers of accommodation, rehoused himself. Only one tenant was still awaiting suitable rehousing at the year's end.

The number of Closing Notices served during 1971 (comparison) was 8.

Housing Survey

A detailed survey of some 200 houses in a selected area of St. Peter Port was commenced on 22nd November. By the end of the year some 120 dwellings had been comprehensively inspected.

STATISTICAL

FOOD CARE AND HYGIENE, FOOD PREMISES

The following table refers to the activities of the Public Health Inspectors in the field of food control, food preparation premises and food hygiene.

CLASSIFIED INSPECTIONS AND VISITS—FOOD

									<i>Total Visits</i>	
									1972	1971
Sampling—food	...	...	...	...	...	...	...	...	16	78
—milk	...	...	...	...	...	...	...	...	4	4
—ice cream	...	...	...	...	...	...	...	...	5	—
—water	...	...	...	...	...	...	...	...	34	96
Swimming pool water (Bact.)	...	...	...	...	...	...	...	...	1	4
Swimming pool water (Cl ₂ & pH)	...	...	...	...	...	...	...	...	121	67
Food consumer complaints	...	...	...	...	...	...	...	...	60	49
Food complaints—other visits	...	...	...	...	...	...	...	...	134	169
Food surrender	...	...	...	...	...	...	...	...	166	154
Restaurants, cafes, etc.	...	...	...	...	...	...	...	...	262	195
Bakehouses	...	...	...	...	...	...	...	...	24	38
Canteens	...	...	...	...	...	...	...	...	3	5
Licensed premises	...	...	...	...	...	...	...	...	16	98
Hotels, guest houses	...	...	...	...	...	...	...	...	303	292

States Dairy and milk depots	44	31
Farms	39	61
Packing stations	1	3
Wet fish dealers	3	2
Fish and chip shops	25	30
Grocers	264	168
Greengrocers	7	7
Butchers	50	38
Confectioners (bakery)	21	20
Wholesale/storage depots	47	19
Vending machines and sites	—	2
Beach kiosks	44	35
Food factories	35	67
Retail market	29	28
Visits with other departments	128	106
Miscellaneous visits	195	170
Unsuccessful visits (no access)	72	36
Refuse accumulations	13	14
Food poisoning—investigations	3	9
Food poisoning other visits	—	—
Health education (lectures given)	3	18

Samples submitted for Analysis (i.e. Substance, Nature, Quality)

<i>Nature of sample</i>	<i>Reason for sampling</i>	<i>Analysis result</i>	<i>Action taken</i>
Tinned peas	Food complaint	Satisfactory	Complainant advised
Bread (loaf)	Food complaint	Metal pin embedded	Investigation undertaken
High protein Baby food	Food complaint	Full analysis not practicable	—
Milk (formal sample)	Suspected adulteration	66% added water	Legal proceedings NOT instituted on decision of H.M. Procureur
Milk (formal sample)	Suspected adulteration	43% added water	ditto
Bread (loaf)	Complaint of extraneous matter	Identified as foreign matter (dirt, rust, etc.)	Referred for formal action
Sump Water (3 samples ex Bordeaux Tip)	To enquire the presence of toxic gas	2 negative 1 positive	— Amount minimal—well within safety limits

Samples submitted for Bacteriological Examination

<i>Nature of sample</i>	<i>Reason for sampling</i>	<i>Result</i>	<i>Action taken</i>
Chicken and mushroom pie filling	Routine	Satisfactory	—
Chicken portions	Routine	Satisfactory	—
Chicken and mushroom pie	Routine	Unsatisfactory	Changes in manufacturing procedure agreed
Tinned peas	Food complaint	Satisfactory	Complainant advised
Crab meat	Food complaint	Satisfactory	Complainant advised
Scallops	Routine	Satisfactory	—
Baby food	Investigation	Negative for pathogens	—
Pork	Food poisoning enquiry	Satisfactory	—
Parma ham (2)	Routine	Unsatisfactory	Stock destroyed
Cream (2)	Requested	Satisfactory	Enquirers advised

<i>Nature of sample</i>	<i>Reason for sampling</i>	<i>Result</i>	<i>Action taken</i>
Ice cream (5)	Routine	Satisfactory	—
Mussels (live) (3)	Request	2 satisfactory 1 unsatisfactory	— Advice given. Further samples taken
Mussels (cooked) (1)	Routine	Satisfactory	—
Oysters (live) (1)	Requested	Unsatisfactory	Further samples to be taken
Mussels (3)	Routine	Satisfactory	—
Mussels (1)	Routine	Unsatisfactory	Advised
Oysters (1)	Routine	Unsatisfactory	Advised
Oysters (1)	Routine	Satisfactory	—
Swabs (16)	Routine	6 satisfactory	Warning about proper cleansing routines given
(kitchen equipment)		10 unsatisfactory	
Water-boreholes (5)	Request	2 satisfactory 3 unsatisfactory	— Enquirers advised
Well water (46)	Requests	22 satisfactory 24 unsatisfactory	— Advice given about necessity of installation of means of purification
Mains water (4)	Request and routine	All satisfactory	—
Stream water (1)	Request	Unsatisfactory	Advised
Swimming pool water (1)	Complaint	Satisfactory	—

COMMENTS

The destruction of Parma Ham following bacteriological examination was urged on account of the susceptible nature of this exotic foodstuff, which is hardly cooked or heat treated. The consumer demand is not high but if marketed, great attention should be paid to hygienic storage under temperature control and to serving techniques to avoid unnecessary risks of bacterial contamination.

FOOD COMPLAINTS

There were 60 such complaints during the year (49 in 1971). Formal action was not taken on any complaint.

Two cases of confirmed adulteration of milk by the addition of extraneous water (by the same producer) in the amounts of 66% and 43% (added water) were referred for formal prosecution but, on the decision of H.M. Procureur, no proceedings were taken.

A considerable amount of inspectorial time and investigatory work devolved from the retail storage, display and sale at and from supermarkets of a well-known brand of patent Baby Foods, all stocks of which were found to be well out of shelf-life and had necessarily to be withdrawn from sale. It seems that the message, which the Public Health Inspector has tried to impress upon managements and staffs of food shops, indeed all food premises, relating to the common-sense care in stock handling, is not being given the serious attention it deserves to secure the daily source of 'fresh food' to the consumer.

Open date marking with respect to date of manufacture and safe date of expiry of shelf-life may finally be the only answer, recently advocated and recommended to the U.K. government, although there will undoubtedly be many manufacturing and trade problems to make the proposal work efficiently and economically.

FOODSTUFFS VOLUNTARILY SURRENDERED

Quick frozen foods	...	...	...	...	...	...	...	5355	packets
Frozen foods—fish	...	...	...	...	...	...	...	2337	lbs.
—salmon	...	...	...	...	...	...	...	6	lbs.
Beef	...	...	...	...	...	...	...	20	lbs.
Pig carcasses (13)	...	...	...	...	...	...	...	1304	lbs.
Pork	...	...	...	...	...	...	...	162	lbs.
Bacon	...	...	...	...	...	...	...	907	lbs.
Tinned meat	...	...	...	...	...	...	...	4438	lbs.
Chicken	...	...	...	...	...	...	...	80	lbs.
Sausages	...	...	...	...	...	...	...	25	lbs.
Delicatessen products	...	...	...	...	...	...	...	192	lbs.
Cheese	...	...	...	...	...	...	...	5076	lbs. and
								3981	packets
Porage oats	...	...	...	...	...	...	...	4824	lbs.
Spaghetti	...	...	...	...	...	...	...	532	lbs.
Butter	...	...	...	...	...	...	...	112	lbs.
Margarine	...	...	...	...	...	...	...	584	lbs.
Lard	...	...	...	...	...	...	...	765	lbs.
Cooking oil	...	...	...	...	...	...	...	8	gallons
Brussels sprouts	...	...	...	...	...	...	...	280	lbs.
Vegetables (tinned)	...	...	...	...	...	...	...	429	tins
Celery	...	...	...	...	...	...	...	20	large cases
Carrots	...	...	...	...	...	...	...	560	lbs.
Garlic	...	...	...	...	...	...	...	96	sachets
Peppers	...	...	...	...	...	...	...	27	lbs.
Cucumbers	...	...	...	...	...	...	...	40	number
Grapes	...	...	...	...	...	...	...	35	kgs.
Bananas	...	...	...	...	...	...	...	1480	lbs.
Prunes	...	...	...	...	...	...	...	107	lbs.
Sultanas	...	...	...	...	...	...	...	375	kgs.
Pears	...	...	...	...	...	...	...	1234	lbs.
Fruit (tinned)	...	...	...	...	...	...	...	151	tins
Patum Peperium	...	...	...	...	...	...	...	51	lbs.
Yoghurt	...	...	...	...	...	...	...	60	cartons
Custard	...	...	...	...	...	...	...	8640	tins
Sugar confectionery	...	...	...	...	...	...	...	8691	items
Cakes	...	...	...	...	...	...	...	40	packets
Cream	...	...	...	...	...	...	...	200	portions
Soft drinks	...	...	...	...	...	...	...	5772	bottles/cans
Jellies	...	...	...	...	...	...	...	1236	packets
Milk dessert foods	...	...	...	...	...	...	...	39	tins
Baby foods	...	...	...	...	...	...	...	242	packets
Various tinned and packeted foods	...	...	...	...	...	...	...	115	items
Chocolate	...	...	...	...	...	...	...	340	lbs.
Ice cream	...	...	...	...	...	...	...	1355	items
Ice cream: other commodities of similar nature	...	...	...	...	...	...	...	£9	value
Various foodstuffs	}	surrendered	...	...	...	...	...	564	items
Chancre crabs		by	...	...	...	...	...	31	number
Spider crabs		restaurateur	...	...	...	...	...	30	number
Alcoholic liquor—whisky, gin, brandy etc. fortified wines etc.	...	...	...	...	...	...	...	330	bottles
Miscellaneous	...	...	...	...	...	...	...	1636	items

COMMENT

The pig carcasses were rendered unfit on account of failure of low temperature control in trans-shipment.

Frozen fish carried in open skips became unsound following transit delay: similarly some bacon.

The bulk of the bacon surrendered, however, was unfit on account of improper curing.

Sultanas given up had been badly contaminated in transit.

The large quantity of cheese taken into surrender included a major part withdrawn due to the deficiency of one of the constituents, together with some outdated stock withdrawn following a food complaint.

The sugar confectionery and the bulk of the miscellaneous items were withdrawn and destroyed following major fire damage at a town supermarket.

Wines and spirits were surrendered following a fire at a large hotel.

340 lbs. of various chocolate items were withdrawn from the market at the request of the manufacturers.

Packeted frozen foods were surrendered following refrigerator breakdowns.

Outdated stock was the cause of the surrender of Porage Oats; similarly Baby Foods (see 'Food Complaints').

All items were disposed of under supervision at the States main tip.

RODENT CONTROL

The number of treatments carried out was 2754 (3021 in 1971). Category percentages: 35% of treatments were in respect of scheduled (public and domestic sector) properties, 65% non-scheduled (private/commercial sector) properties.

As from February 1st a new administrative system was introduced by the Chief Public Health Inspector in an endeavour (a) to reduce eventually the number and frequency of 'on demand' calls from the non-scheduled premises sector, (b) to estimate and reduce as far as practicable the rodent population on the Island, (c) to effect a more economical use of rodenticides, (d) to provide on a preventive basis an improved and more efficient service than hitherto, and (e) to arrive at an estimated notional cost of the service in respect of individual premises in the business sector.

The system involves record sheets being kept for all individual non-scheduled premises on which is recorded all essential information, particularly quantities of poison bait used and recovered, labour costs, travelling times based on standard figures with establishment allowances. Every property within the 'registered system' is visited every-other month whether there has been complaint or not. Test baiting and preventive treatments are carried out.

The introduction of this system appears in retrospect to have been justified and to have worked with success. During 1972 there was a decrease in the number of complaints. It is probably far too soon for an objective assessment, but after two years' trial the system can be judged and reviewed. One thing will certainly become clearer and that is the cost and extent of the demand of individual businesses and premises on the rodent control service.

Two-thirds of the rodent control section's effort is demanded by commercial or business concerns 'for free'—as of right—at present.

Two separate heavy rat infestations were reported from the islands of Herm and Jethou. The Herm nuisance was successfully tackled by the rodent control staff, whilst that on Jethou was dealt with by the despatch of granular preservative-added poison bait together with written instructions on its proper use.

Messrs. Rentokil—the commercial pest control company—were in contract with 83 mainly business enterprises during the year.

DISINFESTATION

There was a dramatic decrease in the number of reported complaints and treatments of infestation by fleas (human species): 64 disinfestations only, comparing with 111 in 1971. It cannot be assumed, however, that the flea scourge is on the wane: it is more probable that miserably cold summer weather did not induce 'pulex irritans' to emerge into full seasonal activity.

Six persons were afforded personal bathing facilities at the Cleansing Centre.

HERM

The island was visited on three occasions; conditions were quite satisfactory.

ALDERNEY

At the request of Dr. Bell, a Public Health Inspector visited the island to advise principally on matters of sewage conservation and the prevention of pollution of water supplies.

CONFERENCES

Representatives of the Public Health Inspectors' staff were delegated to attend the Annual Week-end Seminar at Canterbury in April and the Annual Environmental Health Conference at Blackpool in September.

PUBLIC HEALTH DEPARTMENT—FINANCE

(The figures for 1971 are shown in brackets—adjusted to the nearest pound.)

Cleaning, Fuel, Light, Water and Rent	...	...	...	£2,516.05	(£2111)
Infectious Diseases:					
Doctors' Fees	...	...	...	£1080.02	(1028)
Drugs, Vaccines etc.	...	...	...	2514.36	(2108)
				<hr/>	
				3,594.38	(£3136)
Postage, Stationery and Telephone	...	...	...	1,025.06	(£1205)
Salaries and Wages	...	...	...	41,144.07	(£34347)
Superannuation	...	...	...	5,323.51	(£4860)
Travelling Expenses	...	...	...	3,085.10	(£2993)
V.D. Clinic	...	...	...	1,746.03	(£1522)
Other Expenses	...	...	...	2,989.80	(£3262)
				<hr/>	<hr/>
				61,424.00	(£53436)
Less Recoveries from Education Council	...	...	...	8,800.00	(£9510)
				<hr/>	<hr/>
				£52,624.00	(£43926)
				<hr/>	<hr/>

ANNUAL HEALTH REPORT ALDERNEY 1972

Infectious diseases

The incidence of infectious diseases was as follows:

German measles	...	...	...	...	...	...	64
Chickenpox	...	...	...	...	...	...	7
Mumps	...	...	...	...	...	...	1
Glandular fever	...	...	...	...	...	...	1
Pulmonary tuberculosis	...	...	...	...	...	...	1

Vital Statistics

Deaths	18
--------	-----	-----	-----	-----	-----	-----	----

Causes of death

Coronary thrombosis	...	...	...	...	...	1
Myocardial infarct	...	...	...	...	...	2
Ischaemic heart failure	...	...	...	...	...	2
Congestive heart failure	...	...	...	...	...	2
Pulmonary embolus	...	...	...	...	...	2
Carcinoma of bladder	...	...	...	...	...	1
Carcinoma of pancreas	...	...	...	...	...	1
Carcinoma of intestine	...	...	...	...	...	1
Carcinoma of cervix	...	...	...	...	...	1
Syringomyelia and carcinoma of bronchus	...	...	...	...	...	1
Diabetes and myocardial insufficiency	...	...	...	...	...	1
Transverse myelitis	...	...	...	...	...	1
Birth asphyxia	...	...	...	...	...	1
Traffic accident	...	...	...	...	...	1

Births

There were 20 births on the island. An additional 6 were sent to Guernsey for delivery.

Sanitary improvements

No major sanitary improvements were carried out during the year..

The island was visited by Mr. Edwards, Health Inspector, in March and May, and Mr. Coates, States Engineer, visited in April and gave advice on sewage disposal.

Development

26 new housing units were completed during the year. 17 of these were on main drainage and 9 on cesspits.

A further total of 38 housing units were under construction at the end of 1972.

APPENDIX I

YEAR	Guernsey Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000 pop.	No.	Crude Rate per 1,000 pop.	Corrected Rate per 1,000 pop.	No.	Rate per 1,000 Births
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	568	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,884	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28
1969	46,343	830	17.91	643	13.87	11.93	14	16.87
1970	46,505	794	17.07	616	13.24	11.39	13	16.37
1971	49,399†	768	15.55	646	13.08	*	10	13.02
1972	49,972	790	15.81	576	11.53	*	14	17.72

* Comparability factor based on the 1971 census cannot be calculated until certain statistics are available for 1972. Using the previous factor (0.86) the adjusted or corrected death rates are 11.25 for 1971 and 9.92 for 1972.

† Census figure.

APPENDIX II—POPULATION BY AGE GROUPS 1961-1971—GUERNSEY BAILIWICK

Age last Birthday	1961		1971		Percentage inc. or dec.(-) 1961-1971				
	Persons	Males	Females	Persons	Males	Females			
0- 4	3706	1912	1794	4033	1994	2039	8.82	4.29	13.66
5- 9	3481	1809	1672	4324	2214	2110	24.22	22.39	26.19
10-14	4075	2076	1999	4044	2052	1992	(-)0.76	(-)1.15	(-)0.35
15-24	5706	2853	2853	7885	3984	3901	38.19	39.64	36.73
25-34	5693	2826	2867	6417	3229	3188	12.72	14.26	11.20
35-44	6011	2955	3056	6154	3030	3124	2.38	2.54	2.23
45-54	6392	3155	3237	6468	3115	3353	1.19	(-)1.27	3.58
55-64	5588	2587	3001	6611	3147	3464	18.31	21.65	15.43
65 +	6447	2545	3902	7798	3113	4685	20.96	22.32	20.07
All ages	47099	22718	24381	53734	25878	27856	14.09	13.91	14.25

BAILIWICK BY ISLANDS

	Guernsey (inc. Herm and Jethou)			Alderney			Sark (inc. Brecqhou)		
	Persons	1961 Male	1961 Female	Persons	1961 Male	1961 Female	Persons	1961 Male	1961 Female
0-4	3572	1829	1743	104	62	42	30	21	9
5-9	3337	1726	1611	120	69	51	24	14	10
10-14	3940	2006	1934	108	57	51	27	13	14
15-24	5487	2737	2750	159	88	71	60	28	32
25-34	5432	2675	2757	194	117	77	67	34	33
35-44	5737	2810	2927	204	109	95	70	36	34
45-54	6124	3038	3086	183	80	103	85	37	48
55-64	5267	2436	2831	206	98	108	115	53	62
65+	6172	2414	3758	194	97	97	81	34	47
All ages	45068	21671	23397	1472	777	695	559	270	289

APPENDIX III
DEATHS BY AGE GROUPS AND CAUSES — 1972

Inter-national List No.	Cause of Death	Under I		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1972	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
GROUP I																					
Infective and Parasitic Diseases																					
009	Diarrhoeal disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	I	
011	Pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—	I	—	—	—	—	—	I	—	I	
033	Whooping cough	—	I	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	I	
036	Meningococcal infection	I	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	
038	Septicaemia	I	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	
065	Viral encephalitis, unspecified	—	—	—	—	—	—	—	—	I	—	—	—	—	—	—	—	I	—	I	
Totals: GROUP I		2	I	—	—	—	—	—	—	I	—	I	—	—	—	—	I	4	2	6	
GROUP II																					
Neoplasms																					
144	Malignant neoplasm of floor of mouth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	I	
146	Malignant neoplasm of oropharynx ...	—	—	—	—	—	—	—	—	—	—	I	—	—	—	—	—	I	—	I	
149	Malignant neoplasm of pharynx, un- specified	—	—	—	—	—	—	—	—	—	—	I	—	—	—	—	—	I	—	I	
150	Malignant neoplasm of oesophagus ...	—	—	—	—	—	—	—	—	—	—	I	—	—	—	3	I	4	2	6	
151	Malignant neoplasm of stomach	—	—	—	—	—	—	—	—	—	—	—	I	2	I	3	2	5	4	9	
153	Malignant neoplasm of large intestine, except rectum	—	—	—	—	—	—	—	—	—	I	3	I	I	I	I	3	5	6	11	
Carried forward		—	—	—	—	—	—	—	—	—	I	6	2	3	3	7	7	16	13	29	

Inter-national List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	—	—	—	—	—	—	—	—	—	1	6	2	3	3	7	7	16	13	29
	<i>GROUP II (Continued)</i>																			
154	Malignant neoplasm of rectum and rectosigmoid junction	—	—	—	—	—	—	—	—	—	1	2	1	2	1	—	1	4	4	8
155	Malignant neoplasm of liver and intrahepatic bile ducts, specified as primary	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2
156	Malignant neoplasm of gallbladder and bile ducts	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	2
157	Malignant neoplasm of pancreas ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	1	3
160	Malignant neoplasm of nose, nasal cavities, middle ear and accessory sinuses	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
162	Malignant neoplasm of trachea, bronchus and lung	—	—	—	—	—	—	—	—	—	—	9	2	15	—	7	4	31	6	37
172	Malignant melanoma of skin	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	2
174	Malignant neoplasm of breast	—	—	—	—	—	—	—	—	—	2	—	5	—	3	—	1	—	11	11
180	Malignant neoplasm of cervix uteri ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
183	Malignant neoplasm of ovary Fallopian tube and broad ligament	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	4	4
185	Malignant neoplasm of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
188	Malignant neoplasm of bladder	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3	3	3	6
	<i>Carried forward</i>	—	—	—	—	—	—	—	—	—	5	19	14	25	9	18	19	62	47	109

Inter-national List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	—	—	—	—	—	—	—	—	—	5	19	14	25	9	18	19	62	47	109
	<i>GROUP II (Continued)</i>																			
189	Malignant neoplasm of other and un- specified urinary organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
190	Malignant neoplasm of eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
191	Malignant neoplasm of brain	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
195	Malignant neoplasm of ill-defined sites	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
199	Malignant neoplasm without speci- fication of site	—	—	—	—	—	—	—	—	—	—	2	—	1	1	1	1	4	2	6
200	Lymphosarcoma and reticulum-cell sarcoma	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
201	Hodgkin's disease	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
203	Multiple myeloma	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
204	Lymphatic leukaemia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
205	Myeloid leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
206	Monocytic leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
207	Other and unspecified leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
239	Neoplasm of unspecified nature of other and unspecified organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
	Totals: GROUP II	—	—	—	—	—	—	—	—	1	5	24	14	28	11	21	27	74	57	131

Inter- national List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
250	<i>GROUP III</i>																			
	<i>Endocrine, Nutritional and Metabolic Diseases</i>																			
	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2
283	<i>GROUP IV</i>																			
	<i>Diseases of the Blood and Blood-forming Organs</i>																			
	Acquired haemolytic anaemias	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
290 303	<i>GROUP V</i>																			
	<i>Mental Disorders</i>																			
	Senile and pre-senile dementia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
	Alcoholism	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP V	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2

Inter-national List No.	Cause of Death	Under I		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP VI																			
	<i>Diseases of the nervous system and sense organs</i>																			
330	Hereditary neuromuscular disorders ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
340	Multiple Sclerosis	—	—	—	—	—	—	—	—	1	—	—	2	—	1	—	—	1	3	4
342	Paralysis agitans	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
348	Motor neurone disease	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2
	Totals: GROUP VI	—	—	1	—	—	—	—	—	1	—	—	2	2	2	1	—	5	4	9
	GROUP VII																			
	<i>Diseases of the circulatory system</i>																			
394	Diseases of mitral valve	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	2	2	3	5
395	Diseases of aortic valve	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	3
398	Other heart disease, specified as rheu- matic	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
400	Malignant hypertension	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
401	Essential benign hypertension	—	—	—	—	—	—	—	—	—	—	1	2	2	1	1	2	4	5	9
402	Hypertensive heart disease	—	—	—	—	—	—	—	—	—	—	2	4	3	2	1	2	6	8	14
410	Acute myocardial infarction	—	—	—	—	—	—	—	—	1	—	10	3	9	1	9	5	29	9	38
411	Other acute and sub-acute forms of ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
412	Chronic ischaemic heart disease	—	—	—	—	—	—	—	—	—	—	5	4	13	5	16	18	34	27	61
424	Chronic disease of endocardium	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2
	<i>Carried forward</i>	—	—	—	—	—	—	—	—	1	—	21	14	30	12	28	30	80	56	136

Inter-national List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total All Ages	Grand Total 1972	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	<i>Brought forward</i>										1	21	14	30	12	28	30	80	56	136
	<i>GROUP VII (Continued)</i>																			
426	Pulmonary heart disease												2	1		1		2	2	4
427	Symptomatic heart disease													1	2	5	7	6	9	15
428	Other myocardial insufficiency											1		1				2		2
430	Subarachnoid haemorrhage											1						1		1
431	Cerebral haemorrhage											2		1			5	3	5	8
432	Occlusion of pre-cerebral arteries											1						1		1
433	Cerebral thrombosis											1		1	2		6	2	8	10
436	Acute but ill-defined cerebro-vascular disease													1				1		1
437	Generalized ischaemic cerebro-vascular disease																			
440	Arteriosclerosis												1	4	4	23	23	27	28	55
441	Aortic aneurysm (non-syphilitic)									2		3	2	10	5	12	22	27	29	56
445	Gangrene											3			1		1	3	2	5
450	Pulmonary embolism and infarction																		1	1
453	Other venous embolism and thrombosis											1			1			1	1	2
																			1	1
	Totals: GROUP VII									3		34	19	50	27	69	96	156	142	298

Inter- national List No.	Cause of Death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1972	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
GROUP VIII																					
<i>Diseases of the respiratory system</i>																					
470	Influenza unqualified	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3	
471	Influenza with pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	
480	Viral pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	2	
481	Pneumococcal pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	
485	Bronchopneumonia, unspecified	1	—	—	—	—	—	—	—	—	—	—	—	1	1	7	11	9	12	21	
486	Pneumonia, unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	1	5	6	
491	Chronic bronchitis	—	—	—	—	—	—	—	—	—	—	3	1	5	2	2	1	10	4	14	
492	Emphysema	—	—	—	—	—	—	—	—	—	—	1	1	3	—	—	—	4	1	5	
493	Asthma	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2	2	
517	Other chronic interstitial pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	
518	Bronchiectasis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	
Totals: GROUP VIII		1	1	—	—	—	—	—	1	—	—	4	4	12	4	12	19	29	29	58	
GROUP IX																					
<i>Diseases of the Digestive System</i>																					
532	Ulcer of duodenum	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	
534	Gastrojejunal ulcer	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	
561	Gastro-enteritis and colitis, except ulcerative, of non-infectious origin ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	
562	Diverticula of intestine	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2	
571	Cirrhosis of liver	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2	
574	Cholelithiasis	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1	—	1	3	4	
577	Diseases of pancreas	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1	1	3	4	
Totals: GROUP IX		—	—	—	—	—	—	—	—	—	—	1	4	3	2	2	3	6	9	15	

Inter-national List No.	Cause of death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP X																			
	<i>Diseases of the genito-urinary system</i>																			
580	Acute nephritis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
582	Chronic nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
590	Infections of kidney	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	4	4
593	Other diseases of kidney and ureter	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP X	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	3	3	4	7
	GROUP XIV																			
	<i>Congenital Anomalies</i>																			
741	Spina bifida	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
746	Congenital anomalies of heart	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP XIV	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
	GROUP XV																			
	<i>Certain Causes of Perinatal Morbidity and Mortality</i>																			
776	Anoxic and hypoxic conditions not elsewhere classified	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
777	Immaturity, unqualified	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
	Totals: GROUP XV	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	6
	GROUP XVI																			
	<i>Symptoms and Ill-Defined Conditions</i>																			
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	12	13
	Totals: GROUP XVI	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	2	14	16	16

For details of the External Cause of the Injuries in this Group see Appendix XII

Inter-national List No.	Cause of Death	Under 1								75+	Total all Ages			Grand Total 1972
		M	F	1-4	5-14	15-24	25-44	45-64	65-74	M	F	M	F	
	<i>GROUP NXVII</i> <i>Accidents, Poisonings and Violence</i> <i>(Nature of Injury)</i>													
801	Fracture of base of skull	—	—	—	—	—	—	—	—	—	2	—	2	2
803	Other and unqualified skull fractures	—	—	—	—	—	1	—	—	—	—	1	—	1
805	Fracture and fracture dislocation of vertebral column without mention of spinal cord lesion	—	—	—	—	—	1	—	—	—	—	—	1	1
820	Fracture of neck of femur	—	—	—	—	—	—	—	1	—	—	—	1	1
821	Fracture of other and unspecified parts of femur	—	—	—	—	—	—	—	—	—	1	—	1	1
828	Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum	—	—	—	—	—	—	—	—	—	—	—	1	1
854	Intercranial injury of other and unspecified nature	—	—	—	—	—	—	—	—	—	—	—	1	1
933	Foreign body in pharynx and larynx	—	—	1	—	—	—	—	—	—	—	—	1	1
934	Foreign body in bronchus and lung ...	1	—	—	—	—	—	—	—	—	—	1	—	1
948	Burn involving face, head and neck with trunk and limb(s)	—	—	—	—	—	—	—	—	—	—	—	1	1
979	Alcohol in combination with specified medicinal agents	—	—	—	—	—	1	—	—	—	—	—	1	1
986	Toxic effect of carbon monoxide ...	—	—	—	—	—	—	1	—	—	—	—	1	1
994	Effects of other external causes ...	—	—	—	—	—	2	—	1	—	—	5	1	6
996	Injury, other and unspecified	—	—	—	—	—	—	—	1	—	—	1	1	2
997	Complications peculiar to certain surgical procedures	—	—	—	—	—	—	1	—	—	—	—	1	1
998	Other complications of surgical pro- cedures	—	—	—	—	—	—	—	—	1	—	—	1	1
Totals: GROUP NXVII		1	—	2	—	2	4	2	2	1	4	13	10	23

APPENDIX IV
DEATHS BY AGE GROUPS—SUMMARY 1972

Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1972	Total 1971
	M F		M F		M F		M F		M F		M F		M F		M F					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
GROUP I: Infective and Parasitic Diseases ...	2	1	—	—	—	—	—	—	1	—	1	—	—	—	—	1	4	2	6	9
GROUP II: Neoplasms ...	—	—	—	—	—	—	—	—	1	5	24	14	28	11	21	27	74	57	131	149
GROUP III: Endocrine, Nutritional, and Metabolic Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	2	6
GROUP IV: Diseases of the Blood and Blood Forming Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1
GROUP V: Mental Disorders ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2	3
GROUP VI: Diseases of the Nervous System and Sense Organs ...	—	—	1	—	—	—	—	—	1	—	—	2	2	2	1	—	5	4	9	9
GROUP VII: Diseases of the Circulatory System ...	—	—	—	—	—	—	—	—	3	—	34	19	50	27	69	96	156	142	298	333
GROUP VIII: Diseases of the Respiratory System	1	1	—	—	—	—	1	—	—	—	4	4	12	4	12	19	29	29	58	61
GROUP IX: Diseases of the Digestive System ...	—	—	—	—	—	—	—	—	—	—	1	4	3	2	2	3	6	9	15	19
GROUP X: Diseases of the Genito-Urinary System ...	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	3	3	4	7	5
GROUP XI: Complications of Pregnancy, Childbirth and the puerperium ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carried forward ...	3	2	1	—	—	—	—	1	6	5	65	43	99	47	107	150	281	248	529	595

Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages	Grand Total 1972	Total 1971
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M F		
<i>Brought Forward</i>	3	2	1	—	—	—	—	1	6	5	65	43	99	47	107	150	281 248	529	595
GROUP XII: Diseases of the Skin and Subcutaneous Tissue	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
GROUP XIII: Diseases of the Musculoskeletal System and Connective Tissue ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XIV: Congenital Anomalies	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—
GROUP XV: Certain Causes of Perinatal Morbidity and Mortality	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2 4	6	7
GROUP XVI: Symptoms and Ill-defined Conditions	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	12	2 14	16	21
GROUP NXVII: Accidents, Poisonings and Violence (Nature of Injury)	1	—	2	—	—	2	1	—	4	2	2	—	2	2	1	4	13 10	23	22
1972	6	8	3	—	—	2	1	1	10	7	67	44	101	50	110	166	298 278	576	—
1971	6	4	1	1	4	1	6	2	12	2	74	44	105	75	117	192	325 321	—	646

APPENDIX V

INFANT DEATHS 1972—CAUSES

Cause of Infant Deaths—Under one month—1972

<i>International Classification</i>	<i>M</i>	<i>F</i>	<i>Total</i>
038 Septicaemia 	1	—	1
485 Bronchopneumonia, unspecified 	1	—	1
741 Spina Bifida 	—	1	1
776 Anoxic and Hypoxic Conditions not elsewhere classified 	—	1	1
777 Immaturity, unqualified 	2	3	5
	<u>4</u>	<u>5</u>	<u>9</u>

Cause of Infant Deaths—From one month to one year—1972

<i>International Classification</i>	<i>M</i>	<i>F</i>	<i>Total</i>
033 Whooping Cough 	—	1	1
036 Meningococcal Infection 	1	—	1
486 Pneumonia, unspecified 	—	1	1
746 Congenital Anomalies of Heart 	—	1	1
N934 Foreign Body in Bronchus and Lung ...	1	—	1
	<u>2</u>	<u>3</u>	<u>5</u>

APPENDIX VI
CANCER MORTALITY—1972

<i>Deaths due to cancer—all forms</i>			<i>Deaths per 1,000 population</i>		
<i>Year</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>England & Wales</i>
1968	124	190	2.7	3.0	2.3
1969	121	190	2.6	2.9	2.4
1970	91	162	2.0	2.5	2.4
1971	149	184	3.0	2.6	2.4
1972	131	222	2.6	3.1	2.43

<i>Lung cancer deaths</i>			<i>Deaths per million population</i>		
<i>Year</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>England & Wales</i>
1968	21	53	455	828	616
1969	23	53	496	822	633
1970	20	41	430	631	643
1971	39	50	790	694	630
1972	37	62	740	861	646*

Lung cancer

Death rates per million—male and female (1971 rates in brackets)

	<i>Guernsey</i>		<i>Jersey</i>		<i>England and Wales</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
1972	1,290	231	1,396	352	1,080	234
Populn.	(1516)	(117)	(1197)	(217)	(1060)	(224)
	740		861		* 646	(630)

* provisional

APPENDIX VIII
Annual Statistics for Health Visitors 1972

	1972	* 1971
<i>Pre-school Children (3,973 visits)</i>		
1. Primary visits age 0-1 year	757	834
2. Primary visits age 1-5 years	89	167
3. Revisits age 0-1	1,534	1,428
4. Revisits age 1-5 years	1,479	1,221
5. Visits relating to the 'At Risk' Register	114	—
<i>School Children (281 visits)</i>		
6. Home visits	205	—
7. School visits	61	—
8. Relating to handicapped children at school	14	—
9. Other	1	—
<i>General Health Visiting (2,880 visits)</i>		
10. Problem Families and Families with Problems	192	84
11. Relating to Mental Health	37	} 107
12. Relating to Physically Handicapped Persons	37	
13. Infectious Households (Tuberculosis)	89	} 134
14. Infectious Households (Other)	209	
15. Geriatric cases	832	1,091
16. Visits with Doctors	5	—
17. Visits with Public Health Inspectors	9	—
18. Visits relating to ante-natal cases	68	54
19. Visits to hospital and nursing homes	65	—
20. Miscellaneous and unspecified	397	493
21. Evening visits	60	72
22. No access (i.e. non-effective visits)	880	1,094
<i>Clinics (Total 533 sessions)</i>		
23. Ante-natal (Booking) Clinic	51	—
24. Parentcraft and Relaxation Classes	112	—
25. District Nursing Association Infant Welfare	133	127
26. Child Health	62	—
27. Auditory Training	22	—
28. B.C.G. (and Poliomyelitis immunisation)	30	59
29. Other and unspecified clinics	123	108
<i>Meetings (213 sessions)</i>		
30. Within Health Department Staff	68	} 86
31. With Group Practices	99	
32. Miscellaneous	46	—
<i>B.C.G. Programme (325 visits)</i>		
33. Home visits	49	—
34. M.P.T. and M.P.T. readings	132	—
35. B.C.G. Visits	137	—
36. Other	7	—
<i>Health Education</i>		
37. Sessions	19	—
<i>Administration (350 sessions)</i>		
38. Organisation and Administration	248	272
39. Interviews at Lukis House	41	—
40. Courses, Conferences, Obstetric Committee etc.	61	—

(* 1971 figures given where comparison is approximate or better.)

APPENDIX IX

SPECIAL TREATMENT CLINIC—MALE SECTION—1972

	1970	1971	1972	
1. Number of persons under treatment or surveillance on 1st January:				
(a) Syphilis	0	1	3	
(b) Gonorrhea	12	10	9	
(c) Non specific venereal conditions	12	10	3	
(d) Non venereal conditions			3	
totals	24	21	18	
2. Number of fresh infections during the year:				
(a) Syphilis contracted locally	0	1	1	}
Syphilis contracted outside the island	1	1	—	
(b) Gonorrhea contracted locally	40	11	28	}
Gonorrhea contracted outside the island	36	60	40	
(c) Non specific venereal conditions contracted locally			56	}
Non specific venereal conditions contracted outside the island	89	111	39	
(d) Non venereal conditions contracted locally			28	}
Non venereal conditions contracted outside the island			19	
totals	166	184	211	
Total of cases receiving treatment throughout the year	190	205	229	
3. Cases discharged:				
(a) Syphilis	0	0	2	
(b) Gonorrhea	77	72	71	
(c) Non specific venereal conditions	92	115	92	
(d) Non venereal conditions			41	
totals	169	187	206	
Discharges as % of total cases	89%	91%	90%	
4. Number of persons remaining under treatment or surveillance on 31st December:				
(a) Syphilis	1	3	2	
(b) Gonorrhea	10	9	6	
(c) Non specific venereal conditions	10	6	6	
(d) Non venereal conditions			9	
totals	21	18	23	
5. Number of attendances	990	1059	1114	
6. Of the total at 2 above, the following were re-infections	6	12	9	

				<i>Syphilis</i>	<i>Gonor- rhea</i>	<i>NS.V</i>	<i>NV</i>	<i>Total</i>	<i>%</i>
7. Classifications:									
Local persons	...	...	...	1	28	56	9	94	44.6
Visiting seamen	...	...	...	—	16	20	6	42	19.9
Imported labour—hotel staff	...			—	14	19	10	43	20.4
—horticulture	...			—	10	—	22	32	15.2
—other	...	...		—	—	—	—	—	—
			totals	1	68	95	47	211	—

8. Age groups:

Age groups:				<i>Under</i>						
				16	16-19	20-29	30-39	40+	<i>Total</i>	%
(a)	Syphilis	...	...			1			1	0.5
(b)	Gonorrhea	...	...		12	42	10	4	68	32.2
(c)	Non specific venereal conditions	...	...		34	48	7	6	95	45.0
(d)	Non venereal conditions				21	19	5	2	47	22.3
					totals	67	110	22	12	211
					%	31.6	52.1	10.4	5.7	100.0

APPENDIX X

SPECIAL TREATMENT CLINIC—FEMALE SECTION—1972

									1970	1971	1972				
1. Number of persons under treatment or surveillance on 1st January:															
Syphilis									0	0	1				
Gonorrhea									1	0	3				
Non specific conditions									3	0	0				
2. Number of persons previously removed from register who returned for treatment due to re-infection ...															
									2	3	0				
3. Number of fresh infections during the year:															
Syphilis contracted locally									0	0	0	}	0		
Syphilis contracted outside the Island									0	1	0				
Gonorrhea contracted locally									15	8	22	}	22		
Gonorrhea contracted outside the Island									0	18	0				
Non specific or non venereal conditions contracted locally									7	1	18	}	18		
Non specific or non venereal conditions contracted outside the Island									0	1	0				
Total fresh infections									22	29	40				
4. Cases discharged:															
Syphilis									0	0	1				
Gonorrhea									16	23	24				
Non specific or non venereal conditions									10	2	13				
5. Number of persons remaining under treatment or observation on 31st December:															
Syphilis									0	1	0				
Gonorrhea									0	3	1				
Non specific or non venereal conditions									0	0	5				
6. Number of attendances									71	92	150				
7. Classification:															
									<i>Syphilis</i>	<i>Gonor-rhea</i>	<i>NS/NV</i>				
Local persons									0	1	8				
Imported labour—hotel staff									0	12	8				
—horticulture									0	9	2				
—other									0	0	0				
8. Age groups:															
									<i>Under 16</i>	<i>16-19</i>	<i>20-29</i>	<i>30-39</i>	<i>40+</i>	<i>Total</i>	
Syphilis									0	0	0	0	0	0	
Gonorrhea									0	9	12	1	0	22	55%
NS/NV									0	8	9	1	0	18	45%
									0	17	21	2	0	40	
										42.5%	52.5%	5%			

APPENDIX XI

NON-RESIDENT DEATH OCCURRENCES (not included in main table or vital statistics)

Group	International List No.	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		All Ages		Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
II	154	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
	157	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2
	162	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	2	-	3
	174	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
	340	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
VI	410	-	-	-	-	-	-	-	-	1	-	5	-	3	1	1	1	10	2	12
VII	412	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	2
	427	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
	428	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1
	431	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	433	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
VIII	437	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	440	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2
	444	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	492	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
	571	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
IX	577	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
XVII	N854	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
	N933	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	N994	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
		-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1
		-	-	-	-	-	-	1	1	2	2	7	1	8	7	3	5	21	16	37

External Cause of the Group XVII Deaths Included in Appendix XI.

Group	International List No.	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75+		All Ages		Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
XVII	E827	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
	E832	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
	E891	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
	E968	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
NOTE:		—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	2	2	4

For explanation of the International List No. please refer to main table at Appendix III. The following are not in main table:

- 444 Arterial embolism and thrombosis.
- E827 Other non-motor road vehicle accident
- E832 Other accidental submersion or drowning in water transport
- E891 Accident caused by conflagration in other building or structure.

APPENDIX XII

ACCIDENTS, POISONINGS AND VIOLENCE—EXTERNAL CAUSE OF DEATH
(the deaths detailed below are included in APPENDIX III categorised under the NATURE OF THE INJURY)

Inter-national List No.	Cause of Death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75 +		Total All ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>GROUP EXVII</i>																			
812	Motor Vehicle Traffic Accident involving collision with another Motor Vehicle	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
814	Motor Vehicle Traffic Accident involving collision with pedestrian	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
815	Other Motor Vehicle Traffic Accident involving collision	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
819	Motor Vehicle Traffic Accident of unspecified nature	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
854	Accidental Poisoning by other sedatives and hypnotics	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
880	Fall on or from stairs or steps	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
883	Fall into hole or other opening in surface	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
887	Other and unspecified fall	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3
890	Accident caused by conflagration in private dwelling	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1
910	Accidental drowning and submersion	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	2
911	Inhalation and ingestion of food causing obstruction or suffocation	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
915	Foreign body accidentally entering other orifice	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
	<i>Carried forward</i>	1	—	2	—	—	2	—	—	3	2	—	—	1	1	—	3	7	8	15

Inter- national List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total All Ages		Grand Total 1972
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP EXVII (Continued)																			
	<i>Brought forward</i>	1	—	2	—	—	2	—	—	3	2	—	—	1	1	—	3	7	8	15
940	Late effect of motor vehicle accident	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
947	Late effect of surgical operation ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2
951	Suicide and self-inflicted poisoning by gases in domestic use	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
953	Suicide and self-inflicted injury by hanging, strangulation and suffoca- tion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
954	Suicide and self-inflicted injury by submersion (drowning)	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
983	Hanging, strangulation, or suffocation, undetermined whether accidentally or purposely inflicted	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2
		—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
	Totals: GROUP EXVII	1	—	2	—	—	2	1	—	4	2	2	—	2	2	1	4	13	10	23

SCHOOL MEDICAL SERVICES ANNUAL REPORT 1972

The distinctive feature of 1972 is that the Health Visitors' work load was removed from the Health Service so as to concentrate more on the pre-school population. In their place now are the two School/Clinical Nurses—Mrs. S. E. Smith S.R.N. who joined us in February 1972 and Mrs. J. Roland S.R.N., S.C.M. who came in March 1972. We bid them welcome but do not envy them the task of following in the footsteps of the Health Visitors who set an exceedingly high standard. The expertise of the Health Visitor is not wholly lost to the school child as they will remain, but in the background, in a purely advisory capacity.

It is amusing to recall that as a consequence of finding under par recruits for the Services in the Boer War, the idea was formed of seeking out under par children and doing something about it. Thus was born the School Medical Service, which, at the same time, set about picking out the mentally handicapped with the sole idea of excluding them from school. From such a humble beginning as this has arisen the present day School Medical Service. It now concerns itself with the child from birth, seeking to elicit any departure from normal and doing something about it, with the child's future educational needs in mind.

We in Guernsey, as well as on the Mainland, feel that every baby born is entitled to be educated so as to promote the optimum development of the child's capacity and personality. Every child has the right to realise its own potential.

The effective practice of school medicine in our present day world needs to embrace an increasingly wide field. It covers not only paediatric medicine (medicine as applied to the child) but developmental medicine (the development of the child). It also demands an understanding of social and educational problems. It requires awareness of psychiatric disorders in childhood and adolescence. It also requires a knowledge of what constitutes subnormality.

When the time comes for the responsibility for the medical surveillance of the newly born baby to pass from the District Nurse to the Health Visitor, the Health Visitor will decide whether the child is at risk of having or acquiring some handicap and therefore may eventually require some special educational facility. She therefore arranges a swift and simple testing of the baby at Lukis House. If the baby fails to reach given standards then his name is put on an observation register and the parents are invited to bring him up to Lukis House for regular retesting and counselling by Health Visitor and School Doctor. Referrals are made, where appropriate, to other clinics or specialists. This surveillance continues until all appears well or the child enters school. It is the natural wish of every parent to provide something better for his own child, and also for his child to be what he would have liked himself to have been. The realisation that your newly born falls not only short of perfection, but possibly in the region of retardation, comes as a bitter shock. These 'Assessment Clinics' serve to cushion the shock and get down to the business of discussing freely any handicap and what can be done about it. There are many children who, for one reason

or other, have special educational needs. At one end of the scale are the slow learners requiring remedial help at ordinary schools, and at the other end are those of such limited ability that no structured educational programme is possible. The earlier the retardation is discovered, the sooner we can set about coping with it.

The present-day teachers are indeed very knowledgeable about child development, and the seeking out of the disadvantaged child who would benefit from extra educational help continues in the schools. It therefore follows that the School Doctor must actively liaise with the teacher in addition to the Child Psychiatrist, Educational Psychologist, Speech Therapist, Teacher of the Deaf and Audiometrician. All must work as a team for the benefit of the child. We cannot overstress the fact that it is by the co-operative efforts of all that the best results are obtained.

The school child in Guernsey has three statutory medical examinations—the Entrant Examination on school entry; the Intermediate during the last year in the Junior School; the School Leaver during the 4th year in the Secondary/Grammar School. The entrant examination must always be regarded as the most important. Physical or emotional defects known or elicited have to be assessed against a background of the school situation. Conditions which might be considered trivial in the consulting room may be a major hazard in the classroom. The active child might be a disruptive force—the good child might be masking a withdrawn personality—the clumsy child might need further careful examinations. The child, especially if not over bright, with intermittent catarrhal deafness, is indeed handicapped if one of a big class in a large classroom for probably he has a teacher walking around as she talks. Undetected this inevitably leads to poor school progress.

The infant who has been socially, emotionally and maternally deprived might appear to be globally retarded and will require investigation both medically and socially.

How often has a School Doctor heard the cry from the heart of a parent of a school entrant—"Ah, but my child **STILL** bed wets". The parent is convinced that this is a symptom peculiar only to his child. To find out the true position, the School Nurses researched through the completed medical forms of the school entrants of 1972. They have computed that out of the 1047 school entrants, 133 were bed wetting on entry. Broken down it is revealed that 74 boys, that is 14.5% of the total boy entrants were bed wetting, and 59 or 10.6% girls were. It would be wiser not to remark that apparently girls are toilet trained at an earlier age than boys! Let us instead say that we have now demonstrated statistically that bed wetting between the ages of 5 and 6 is fairly commonplace and should cause no untoward anxiety on the part of the parents.

The School Nurses conducted a survey amongst the Potential School Leavers attending their periodic school medical examination. All were invited to participate but not compelled; the confidentiality of the answers was stressed and that the purpose of the survey was to obtain a clearer insight into the habits and doings of the average Guernsey school boy or girl between the ages of 14 and 15. The results obtained are tabulated as follows:

Survey amongst Potential School Leavers 1972

Taking part in this survey were 367 girls and 373 boys—a total of 740 children.

Part time jobs (Saturdays and after school)

Girls 147 (40%) Boys 159 (42%) Total employed 41%

Hobbies

Girls 309 (84%) Boys 336 (90%)

Most of these children had more than one hobby.

Total children with hobbies 87%

Spending money (This is money spent each week and does not include money earned)

Girls	105	spending 25p a week	...	...	...	...	...	29%
	155	„ 50p or over a week	...	...	...	...	...	42%
	83	„ £1 or over a week	...	...	...	...	...	23%
	24	girls had no formal pocket money	...	...	...	...	...	6%
								100%
Boys	84	spending 25p a week	...	...	...	...	...	23%
	146	„ 50p a week	...	...	...	...	...	39%
	102	„ £1 or over a week	...	...	...	...	...	27%
	41	boys had no formal pocket money	...	...	...	...	...	11%
								100%

The survey showed that most of the pocket money was spent on 'going out'. A moderate amount was spent on hobbies and a small amount on titbits (crisps, sweets, chocolate, cola drinks).

Smoking

Girls	1.	Under 10 Cigarettes daily	...	...	...	66	=	18%
	2.	Between 10 and 20 daily	...	...	...	8	=	2%
	3.	Over 20 daily	...	...	...	3	=	0.8%
		Total number of girls who smoke	...	...	...	77	=	21%
Boys	1.	Under 10 cigarettes daily	...	...	...	85	=	23%
	2.	Between 10 and 20 daily	...	...	...	12	=	3%
	3.	Over 20 daily	...	...	...	2	=	0.5%
		Total number of boys who smoke	...	...	...	99	=	26%
		Total number of children smoking under 10 cigarettes—				151	=	20%
		Total number of children smoking 10 to 20—				20	=	3%
		Those smoking over 20 cigarettes—				5	=	0.7%

Cooked Meals

1 cooked meal a day (usually teatime) ...	...	...	=	367
2 cooked meals a day (usually lunch and teatime) ...			=	304
3 cooked meals a day	...	...	=	56

(majority of these are boarders)

13 children stated that they didn't have a cooked meal at all unless they bought chips from the shop.

The survey draws attention to the children eating inadequate lunches and in particular those who bought food. The diets recorded by the children often showed excessive intakes of sweets, cakes and fizzy drinks. Mention must be made too of the children who habitually skipped breakfast. It is unfortunately simple for children skipping meals to compensate by the excessive intake of sugar through the consumption of high carbohydrate snacks and drinks. The crux of the matter is that such is the dietary habit of the adolescent, at a period of his life when he is at the stage of greatest growth, and when excessive demands are made on him physically and mentally at school. However, heights, weights and health records obtained did not indicate that there was any cause for alarm.

Future Employment

270 girls (73%) and 225 boys (60%) knew exactly what they wanted to do when they left school. Totally this figure—495 children or 66.89% interviewed—had already decided upon their future employment.

The overall school population for 1972 was 9,408—an increase of 352 on 1971 figures. 5259 attendances were made by children at one or the other of the various clinics run by the School Medical Services.

568	attendances recorded at the Lukis House Clinic
300	attendances recorded at the Child Guidance Clinic
61	attendances recorded at Mr. Midgley's Clinic
1627	attendances recorded at the Speech Therapy Clinic
2011	attendances recorded at the Orthoptic Clinic
560	attendances recorded at the Immunisation Clinic
132	attendances recorded at the BCG Clinic
<hr/>	
5259	attendances recorded at School Medical Services Clinics
<hr/>	

In addition 2248 school children were examined as a periodic medical examination, (1608 at their schools and 640 in Lukis House) and 363 girls were vaccinated against German Measles in their school.

12474 children were given hygiene inspections and 2820 children were given audiotests.

218 children were examined and provided with free school milk.

A breakdown of these figures now follows:

Periodic Medical Examinations

<i>Children examined in school</i>			<i>Examinations conducted at Lukis House</i>			
<i>Boys</i>	<i>Girls</i>	<i>Totals</i>		<i>Boys</i>	<i>Girls</i>	<i>Totals</i>
463	516	979	Infants	48	41	89
211	187	398	Juniors	11	21	32
73	158	231	Seniors	300	219	519
<hr/>				<hr/>		
747	861	1608	Totals	359	281	640
<hr/>				<hr/>		

Defects noted at the Periodic Medical Examinations:

	<i>Infants</i>			<i>Juniors</i>			<i>Seniors</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Oral hygiene	74	65	139	29	34	63	37	18	55
Skin	45	31	76	9	16	25	20	57	77
Eyes	30	22	52	28	43	71	26	123	149
ENT condition	131	156	287	40	41	81	44	76	120
Speech	59	40	99	10	2	12	14	4	18
Glands	39	48	87	9	10	19	8	9	17
Lungs	46	42	88	7	2	9	4	14	18
Asthma	19	7	26	5	3	8	2	1	3
Poor posture	7	12	19	15	14	29	10	40	50
Flat feet ...	69	49	118	26	28	54	46	43	89
			<hr/>			<hr/>			<hr/>
			991			371			596
			<hr/>			<hr/>			<hr/>

School Clinics

568 children were seen at this clinic in Lukis House of which 115 (20%) were of pre-school age.

89 babies were brought for Developmental Testing
 184 attended for visual defects
 109 attended for ENT conditions
 49 attended for speech defects
 32 were Training College candidates
 8 attended with behavioural problems
 3 attended requesting breathing exercises
 32 attended for routine school medicals
 68 required a general medical overhaul

574 (6 children were seen with 2 medical problems each)

As a result of these clinics:

110 children were referred to Mr. Neubert
 61 children were referred to Mr. Midgley
 42 children were referred to Speech Therapy Clinic
 2 children were referred to Child Guidance Clinic
 3 children were referred to Physiotherapist

Immunisation Programme

School Cruises 134 smallpox vaccinations were given; 278 anti typhoid; 10 polio and 138 cholera vaccinations were given to children going on cruises in the school holidays.

German Measles Vaccinations

After conferring with all family doctors on the Island it was decided that School Medical Services would offer to vaccinate all girls in their first year in all the Island secondary and grammar schools against German Measles irrespective of whether it was thought that she had previously had the illness. An explanatory leaflet was sent out to 395 homes and 363 accepted the offer—a satisfactory acceptance rate of 92%. Accordingly the 363 girls were vaccinated in their schools.

Anti Tuberculous Programme

	<i>Infants</i>	<i>Juniors</i>
Total number of school children examined	1068	430
Tuberculin testing not required	134	33
Number of school children eligible for Tuberculin Testing	934	397
Number of school children absent	56	26
Permission for testing refused by parents	18	13
Number of Tuberculin Tests performed	860	358
Therefore acceptance rate for Tuberculin Testing	92.08%	90.18%

Of the 358 juniors Tuberculin tested 342 were negative and 16 were positive. Therefore 342 children had no naturally acquired immunity to Tuberculosis and so were eligible for BCG vaccinations. However, 2 absented themselves and one was refused by the parents so 339 juniors received a BCG vaccination or 99.12% acceptance.

In addition to this a further 121 children were tested by the School Nurses at Lukis House at the weekly immunisation clinic and as a consequence 111 children received BCG vaccinations.

Hygiene Inspections

The School Nurses inspected 12,474 children and found 53 to be infested—a rate per thousand of 4.25.

Child Guidance Clinic (conducted by Dr. B. J. Salisbury,
M.B., M.R.C.Psych., D.C.H.)

67 new patients were referred to the Child Guidance Clinic of whom 10 belonged to families in which one or more siblings had already been seen in the C.G.C.

There were a total of 300 consultations. Several of the children referred have required considerable work with the schools and liaison with the Children's Officer, and more school visits have been made. A few families have three or more children in need of help and Mrs. Perfitt has made weekly or fortnightly visits in order to support and advise them.

Adolescent problems, including sexual difficulties, are a more frequent cause of referral, but general anti-social behaviour, persistent nocturnal enuresis, and pre-school difficulties are all common reasons for referral.

Several children in the early teenage group have been seen with quite severe depressive illness of an adult type. This is a relatively recent phenomenon, and has been commented on in the English C.G.C. only during the past three or four years.

Audiometrician's Report

The total number of children audiotested was 2820 of which 155 were monaural 'failures' (hearing not within normal limits) = 5.5% and 89 were binaural 'failures' = 3.1%.

Teacher of the Deaf's Report (Mr. R. T. Goldsmith)

Since the establishment of Mrs. Goodwin as audiometrician, and particularly her active part in the medical audiology clinics, much more time has been available for the Teacher of the Deaf to help the hearing handicapped child within the school.

Close liaison has been maintained between the departments during the year and the monthly visits of the hearing aid specialist have provided a most efficient service of the aids.

To further help the more severely handicapped, the Education Council has agreed to establish a Partially Hearing Unit at Floraville, attached to Vauvert School, which should be in use by April 1973.

ENT Clinics (Mr. G. Midgley F.R.C.S.—visiting Consultant)

Mr. Midgley held three clinics in Lukis House during 1972—one clinic including a morning and afternoon session. In all he saw 61 children and as a consequence he arranged for in-patient treatment of 7 children in the Royal Hampshire Hospital, Winchester.

Speech Therapy Clinic (Miss J. M. Richmond L.C.S.T.)

At the beginning of 1972, 135 children were receiving attention. There were 15 children on the waiting list, and during the year a further 89 were referred by the School Doctor. Of these 104 children, 68 were admitted, 12 more required minimal advice, 4 persistently failed to attend the initial interview, 20 still awaited attention at 31st December.

A total of 215 children made 1627 attendances, mainly at the out-of-town clinics held at the following schools—Castel, Forest, Hautes Capelles, St. Peters, St. Sampsons, St. Saviours and Vale.

At Maurepas there are a number of children with slow development of speech and language who receive treatment at Amherst Infants School, by kind permission of the Headmistresses, as there is no available room at their own school. Occasional visits were made to a few other schools.

52 children were discharged after treatment—40 of these children had satisfactory speech, 3 left Guernsey, 2 left school, 7 did not warrant or want further treatment.

The Lieutenant Governor and the Education Council both visited the clinic during the year.

Orthoptic Clinic (Mrs. M. Edwards D.B.O.)

During 1972, 2011 visits to the Orthoptic clinic were made by school and pre-school children for assessment and treatment. 62 new cases were referred, the youngest being over a year old.

The visual screening tests on infants who started school in 1972 took longer than usual, as in the autumn term children of four were accepted. Most of these children responded very well, though a second test will be given to some of the youngest entrants again this term.

71 children were found to have some form of visual defect and were referred for more extensive tests. Many of these children will have glasses prescribed for them, and a number will be able to discard them as they grow older. This is the advantage of early detection.

Mr. Neubert performed 34 operations for squint on school and pre-school children.

54 children were discharged from the clinic during the year—36 as cured with good binocular functions, and 18 as cosmetically satisfactory. 3 children left us to live elsewhere and arrangements have been made for them to continue treatment.

Attendances have been good throughout the year, and much help and encouragement is given to children who have to start their school lives wearing glasses and in some cases patches over one eye, by their teachers, for which we are very grateful.

Thus ends the report for 1972. Our thanks must be expressed to Dr. Rose who assists with the onerous task of the Periodic School Medical examinations. His expertise and experience are an incalculable asset to the Service.

Our thanks also to the unstinting help given to us by the Educational Psychologist—always ready to set aside her own work to explain patiently some educational problem. We also extend our praise to the staff of all our Guernsey schools without whose co-operation their Medical Service would not be able to run so smoothly. Last but not least—our thanks to the S.M.S. clerical staff who, from the background, do all the spade work and lay the foundation of a well run Health Service.

C. G. WHITE,
School Medical Officer.

REPORT ON SCHOOL DENTAL SERVICE 1972

During the year the following schools were inspected:

Notre Dame	Maurepas
St. Andrews	Forest
Ker Maria	St. Peter Port
St. Peters	Câtel
Valnord	Amherst Infants
Vauvert Infants	Amherst Junior
Vauvert Junior	

This made up a total of 3034 inspected in school of which 1239 or 40% needed treatment. Inspections at the clinic amounted to 3652 of which 1094 required treatment. The overall percentage of children needing treatment was 49.8% and this was about a 2% improvement on 1971. A number of inspections at the clinic were recalls and were either supervisory, for orthodontic treatment, or because a six month check was requested. In order to enable us to cover more fully the whole school population in 1973, recalls are being cut to the lowest figure possible. We are doing our utmost to inspect our schools, offer treatment to all requiring it, and carry it out in the shortest possible time. With our staff of three dental officers working full out and giving a comprehensive service, I consider it impossible to examine and offer treatment, to every child needing it, within the year. The school population has increased considerably, and parents are now demanding courses of treatment rather than emergency extractions. I feel that the appointment of another dental officer ought to be given serious consideration.

TREATMENT

The number of children treated amounted to 3716 and attendances for treatment were 11,464 again about three attendances per child. In certain circumstances however, e.g. a nervous child, the number of attendances for a course of treatment is increased, due to the limited amount of work possible at each visit.

CONSERVATION

The number of permanent teeth filled as compared to deciduous teeth remains in the ratio of 6 : 1. Once again we were obliged to concentrate on the permanent dentition. Deciduous teeth filled amounted to 1030 as compared to 863 in 1971.

EXTRACTIONS

The number of permanent teeth filled to those extracted was in the ratio of 7 : 1. Deciduous extractions were slightly less than 1971 at 2503 and were twice as many as those conserved. A very high percentage of carious deciduous teeth need extraction, and we are obliged to take a somewhat radical view of this if we are to concentrate on the permanent dentition.

GENERAL ANAESTHETICS

These are slightly down on last year. We find that where a number of deciduous teeth need extracting in different quadrants of the mouth this can be carried out in one sitting instead of three or four when local analgesia is used.

DENTURES

Where there were grossly carious and neglected mouths, the provision of dentures was the only solution to the problem. It is useful eventually for the patient who has refused treatment in the past and who, despite being offered advice and treatment, will not attend.

ORTHODONTIC

Appliances fitted amounted to 69 and these were for the simpler cases treatable by removable appliances. Much of our orthodontic work consists of intervention e.g. extracting teeth to relieve overcrowding. In cases where a specialist opinion is necessary a visit at regular intervals by a consultant from say Hampshire would be a great help.

CONCLUSION

The incidence of caries in Guernsey is very high due mainly to dietary habits and of course neglect of basic oral hygiene. The present dental service, although working to full capacity is unable to give a completely comprehensive coverage to the school population over a twelve month period. With the expected increase in the school population the position must worsen unless the staff of the School Dental Service is augmented to meet the demand.

DONAL J. HEARNS,

Principal Schools Dental Officer.

Dental inspection and treatment carried out by the Authority during the year 1972:—

No. of Pupils on the Registers of Maintained Primary and Secondary Schools:
7850 Approximately.

(1) Number of Pupils inspected by the Authority's Dental Officers—						
(a)	at school inspections	...	...	...	...	3034
(b)	at clinic	...	...	...	...	3652
						Total 6686
(2)	Number found to require treatment	...	...	...		3333
(3)	Number actually treated	...	...	...		3716
(4)	Number of attendances made by pupils for treatment					11,464
(5)	Number of patients made dentally fit	...	...	...		3164
(6) Sessions devoted to						
(a)	school inspections	...	...	...	...	29
(b)	treatment	...	...	...	...	1409
						Total 1438
(7) Fillings						
(a)	permanent teeth	...	...	...	...	6246
(b)	temporary teeth	...	...	...	...	1030
						Total 7276
(8) Extractions						
(a)	permanent teeth	...	...	...	...	882
(b)	temporary teeth	...	...	...	...	2503
						Total 3385
(9)	Number of general anaesthetics given for extractions					1207
(10)	Number of dentures provided	...	...	...	...	28
(11)	Number of Crowns fitted	...	...	...	...	35
(12)	Number of root canal treatments	...	...	...		183
(13) Other operations						
(a)	permanent teeth	...	...	...	...	638
(b)	temporary teeth	...	...	...	...	281
						Total 919
(14) Orthodontics						
(a)	cases commenced during the year	...	...	...		57
(b)	cases completed during the year	...	...	...		32
(c)	cases discontinued during the year	...	...			3
(d)	number of appliances fitted	...	...	...		69

DONAL J. HEARNS,
Principal Schools Dental Officer.

Totals for 3 surgeries.